



Katharine V. Jackson
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Email: KJackson@reedsmith.com

Reed Smith LLP
1201 Market Street
Suite 1500
Wilmington, DE 19801-1163
+1 302 778 7500
Fax +1 302 778 7575
www.reedsmith.com

June 27, 2008

VIA ECF and HAND DELIVERY

The Honorable Sue L. Robinson
U.S. District Court for the District of Delaware
J. Caleb Boggs Federal Building
844 N. King Street
Room 6124
Lockbox 31
Wilmington, DE 19801

Re: Lorah v. Tetra Tech, Inc., C.A. No. 06-00538

Dear Judge Robinson:

I am writing on behalf of Tetra Tech, Inc., this firm's client and the defendant in the above-referenced civil action ("Tetra Tech"). Enclosed with this letter please find documents produced pursuant to subpoenas served by Tetra Tech on various third parties, hereby filed with the Court pursuant to Local Rule 5.4(a).

Please do not hesitate to contact me if Your Honor has any questions or concerns.

Respectfully submitted,

/s/ Katharine V. Jackson

Katharine V. Jackson (Del. I.D. No. 4800)

Enclosures

cc: Sara A. Begley, Esq.
Shannon E. McClure, Esq.
Jourdean Lorah (via US mail) (w/enclosures)



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Philadelphia District Office

Legal Unit

801 Market Street
Penthouse, Suite 1300
Philadelphia, PA 19107-3126
(215) 440-2828
TTY (215) 440-2610
FAX (215) 440-2674 & 2848

May 5, 2008

Debora A. Rzepla-Auch
Reed Smith LLP
2500 One Liberty Place
1650 Market Street
Philadelphia, PA 19103-7301

In Response Refer to: Lorah v. Tetra Tech, Inc., et al.
EEOC Charge Number: 170-2006-00048

Dear Ms. Rzepla-Auch:

This letter acknowledges receipt of your request under the Freedom of Information Act ("FOIA") dated May 2, 2008 and received in this office on May 5, 2008. Please be advised that within 20 business days you will be notified of the assigned FOIA number, advised of the file status and/or your request for records shall either be granted or denied **unless** additional time is required for one of the reasons listed below:

- (1) *It is necessary to search for and collect the requested records from field facilities or other establishments that are separate from the office processing the request;*
- (2) *It is necessary to search for, collect, and appropriately examine a voluminous amount of separate and distinct records which are demanded in a single request; or*
- (3) *It is necessary to consult with another agency having a substantial interest in the determination of the request or among two or more components of the agency having substantial subject matter interest therein.*

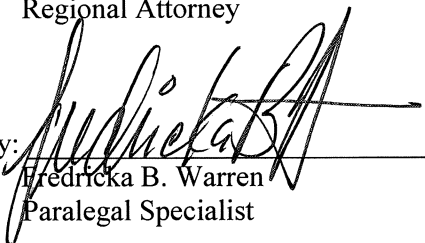
Please note that the reference to 20 business days does not guarantee that your FOIA request will be sent, as the file must be retrieved, reviewed and possibly sent for copying, but be assured that the office is expeditiously processing your FOIA request.

Should you have questions in this matter, you may contact the office at (215) 440-2681 and ask for the Paralegal Specialist as noted below.

Sincerely,

Jacqueline H. McNair
Regional Attorney

By: _____


Fredricka B. Warren
Paralegal Specialist

EEOC-D-0238



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Philadelphia District Office

801 Market Street, Suite 1300
Philadelphia, PA 19107
Philadelphia Status Line: (866) 408-8075
Philadelphia Direct Dial: (215) 440-2602
TTY (215) 440-2610
FAX (215) 440-2632, 2848 & 2604

Fredricka B. Warren – Paralegal Specialist
fredricka.warren@eeoc.gov
Direct No. 215-440-2681 Fax No. 215-440-2848

May 7, 2008

Deborah A. Rzepela-Auch
REED SMITH LLP
2500 One Liberty Place
1650 Market Street
Philadelphia PA 19106-2515

In Response Refer to: Lorah v Synerfac Agency
Charge No. 170200600048
FOIA No. A8-08-FOIA-0637
Legal Id No. 53020080761A

Dear Ms. Auch:

This letter is in response to your Freedom of Information Act request of May 2, 2008. The Commission cannot honor your request because you are not a party to the charge. Sections 706(b) and 709(e) of Title VII and Section 107 of the ADA specifically prohibit disclosure of such information to third parties.

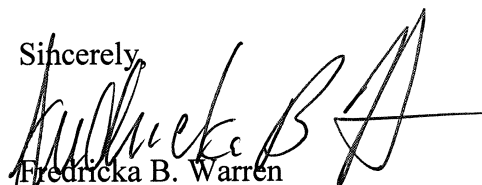
You may appeal the denial of your request by writing within thirty (30) days of receipt of this letter to:

Assistant Legal Counsel/FOIA Programs,
Office of Legal Counsel,
U.S. Equal Employment Opportunity Commission,
1801 L Street, NW,
Washington, D.C. 20507.

You must include a copy of the Regional Attorney's determination with your appeal. Your appeal will be governed by 29 C.F.R. Section 1610.11.

I trust this information is helpful.

Sincerely,


Fredricka B. Warren
Paralegal Specialist



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Philadelphia District Office

Legal Unit

801 Market Street
Penthouse, Suite 1300
Philadelphia, PA 19107-3126
(215) 440-2828
TTY (215) 440-2610
FAX (215) 440-2674 & 2848

May 6, 2008

Debora A. Rzepla-Auch
Reed Smith LLP
2500 One Liberty Place
1650 Market Street
Philadelphia, PA 19103-7301

In Response Refer to: Lorah v. Tetra Tech, Inc., et al.
EEOC Charge Number: 170-2005-02819

Dear Ms. Rzepla-Auch:

This letter acknowledges receipt of your request under the Freedom of Information Act ("FOIA") dated May 2, 2008 and received in this office on May 5, 2008. Please be advised that within 20 business days you will be notified of the assigned FOIA number, advised of the file status and/or your request for records shall either be granted or denied **unless** additional time is required for one of the reasons listed below:

- (1) *It is necessary to search for and collect the requested records from field facilities or other establishments that are separate from the office processing the request;*
- (2) *It is necessary to search for, collect, and appropriately examine a voluminous amount of separate and distinct records which are demanded in a single request; or*
- (3) *It is necessary to consult with another agency having a substantial interest in the determination of the request or among two or more components of the agency having substantial subject matter interest therein.*

Please note that the reference to 20 business days does not guarantee that your FOIA request will be sent, as the file must be retrieved, reviewed and possibly sent for copying, but be assured that the office is expeditiously processing your FOIA request.

Should you have questions in this matter, you may contact the office at (215) 440-2681 and ask for the Paralegal Specialist as noted below.

Sincerely,

Jacqueline H. McNair
Regional Attorney

By: 

Fredericka B. Warren
Paralegal Specialist



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Philadelphia District Office

801 Market Street, Suite 1300
Philadelphia, PA 19107
Philadelphia Status Line: (866) 408-8075
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FAX (215) 440-2632, 2848 & 2604

Fredricka B. Warren – Paralegal Specialist
fredricka.warren@eeoc.gov
Direct No. 215-440-2681 Fax No. 215-440-2848

May 8, 2008

Debora A. Rzepla-Auch
REED SMITH LLP
2500 One Liberty Place
1650 Market Street
Philadelphia PA 19103-7301

In Response Refer to: Lorah v Tetra Tech, Inc. et al
Charge No. 170200502819
FOIA No. A8-08-FOIA-0638
Legal Id No. 53020080762A

Dear Ms. Auch:

This letter is in response to your request under the Freedom of Information Act ("FOIA").

(X) In your FOIA request, you requested the following:

A copy of the above-captioned case(s).

(X) Your request is (X) denied in part; or () denied in whole. Those records not released were withheld based on the FOIA subsections checked below. An attachment to this letter identifies each exemption involved, how the exemption applies and identifies the records withheld under each exemption. The applicable sections of the FOIA exempting disclosure are 5 U.S.C. Section 552(b):

| | | | |
|---------|----------|----------|----------|
| () (2) | () (3) | () (4) | (x) (5) |
| () (6) | () (7A) | () (7C) | () (7D) |

(X) The estimated charge for copying the records is **\$34.01 for 227 pages at .14 plus 7% tax. Please submit a check or money order made payable to Liberty Quick Print, Inc.** and mail to the:

EEOC-Philadelphia District Office
Attn: Fredricka B. Warren, Paralegal Specialist.
801 Market Street, Suite 1300
Philadelphia PA 19107

Any balance due must be paid prior to the release of the records. If a response is not received within 30 days, the case will be returned to the control room and this will delay the processing of your FOIA request.

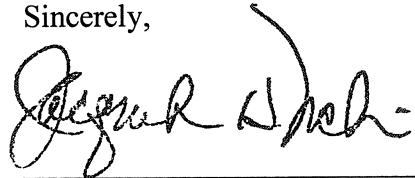
Please contact Fredricka B. Warren, Paralegal Specialist at (215) 440-2681 for any additional information regarding your Freedom of Information Act ("FOIA") request.

You may appeal the denial or partial denial of your request by writing within thirty (30) days of receipt of this letter to:

Assistant Legal Counsel/FOIA Programs
Office of Legal Counsel
U.S. Equal Employment Opportunity Commission
1801 L Street, N.W.
Washington DC 20507

You must include a copy of the Regional Attorney's determination with your appeal. Your appeal will be governed by 29 C.F.R. § 1601.11.

Sincerely,

A handwritten signature in black ink, appearing to read "Jacqueline H. McNair", written over a horizontal line.

Jacqueline H. McNair
Regional Attorney

Lorah v Tetra Tech, Inc. et al
FOIA No. A8-08-FOIA-0638

Charge No. 170200502819
Legal Id No. 53020080762A

EXEMPTION 5

The fifth exemption to the Freedom of Information Act (FOIA), 5 U.S.C. § 552(b)(5) (1982), permits withholding documents that reflect the analyses and recommendations of EEOC personnel generated for the purpose of advising the agency of possible action. This exemption protects the agency's deliberative process, and allows nondisclosure of "inter-agency or intra-agency memorandums or letters which would not be available to a party other than an agency in litigation with the agency." 5 U.S.C. § 552(b)(5). The exemption covers internal communications that are deliberative in nature. *National Labor Relations Board v. Sears, Roebuck & Co.*, 421 U.S. 132 (1975); *Hinckley v. United States*, 140 F.3d 277 (D.C. Cir. 1998); *Mace v. EEOC*, 37 F.Supp.2d 1144 (E.D. Mo. 1999). The purpose of the deliberative process privilege is to "allow agencies freely to explore alternative avenues of action and to engage in internal debates without fear of public scrutiny." *Missouri ex. rel. Shorr v. United States Corps of Eng'rs.*, 147 F. 3d 708, 710 (8th Cir. 1998).

Records may be withheld under this exemption if they were prepared prior to an agency's decision, *Wolfe v. Department of Health and Human Services*, 839 F.2d 768, 775, 776 (D.C. Cir. 1988) (en banc) and for the purpose of assisting the agency decision maker. *First Eastern Corp. v. Mainwaring*, 21 F.3d 465,468 (D.C. Cir. 1994). 1065, 1068, 1069 (D. Colo. 1995). Records may also be withheld to the extent they reflect "selective facts" compiled by the agency to assist in the decision making process. *A. Michael's Piano, Inc. v. Federal Trade Commission*, 18 F.3d 138 (2d Cir. 1994). An agency may also withhold records to the extent that they contain factual information already obtained by a requester through prior disclosure. See *Mapother, Nevas, et al. v. Dept of Justice*, 3 F.3d 1533 (D.C. Cir. 1993).

DOCUMENTS WITHHELD PURSUANT TO THE FIFTH EXEMPTION OF THE FOIA:

552 (b) (5) Exclusion:

| | | |
|--------------|--|------------|
| _2_ page(s) | ASSESSMENT FACTORS SHEET..... | NO DATE |
| _1_ page(s) | CHARGE DETAIL INQUIRY | 10/31/2005 |
| _1_ page(s) | INVESTIGATOR'S NOTES | NO DATE |
| _1_ page(s) | RECOMMENDATION FOR DISMISSAL/CLOSURE | 06/13/2006 |
| _13_ page(s) | INTAKE SCREENING PROCESSING NOTES | NO DATE |



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Philadelphia District Office

Legal Unit

801 Market Street
Penthouse, Suite 1300
Philadelphia, PA 19107-3126
(215) 440-2828
TTY (215) 440-2610
FAX (215) 440-2674 & 2848

May 6, 2008

Debora A. Rzepla-Auch
Reed Smith LLP
2500 One Liberty Place
1650 Market Street
Philadelphia, PA 19103-7301

In Response Refer to: Lorah v. Tatnall School
EEOC Charge Number: 17C-2007-00480

Dear Ms. Rzepla-Auch:

This letter acknowledges receipt of your request under the Freedom of Information Act ("FOIA") dated May 2, 2008 and received in this office on May 5, 2008. Please be advised that within 20 business days you will be notified of the assigned FOIA number, advised of the file status and/or your request for records shall either be granted or denied **unless** additional time is required for one of the reasons listed below:

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- (2) *It is necessary to search for, collect, and appropriately examine a voluminous amount of separate and distinct records which are demanded in a single request; or*
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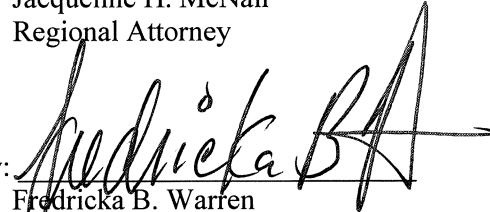
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Should you have questions in this matter, you may contact the office at (215) 440-2681 and ask for the Paralegal Specialist as noted below.

Sincerely,

Jacqueline H. McNair
Regional Attorney

By:


Fredricka B. Warren
Paralegal Specialist

EEOC-D-0244



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Philadelphia District Office**

801 Market Street, Suite 1300
Philadelphia, PA 19107
Philadelphia Status Line: (866) 408-8075
Philadelphia Direct Dial: (215) 440-2602
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FAX (215) 440-2632, 2848 & 2604

Fredricka B. Warren – Paralegal Specialist
fredricka.warren@eeoc.gov
Direct No. 215-440-2681 Fax No. 215-440-2848

May 20, 2008

Debora A. Rzepla-Auch
REED SMITH LLP
2500 One Liberty Place
1650 Market Street
Philadelphia PA 19103-7301

In Response Refer to: Lorah v Tatnall School
Charge No. 17C200700480
FOIA No. A8-08-FOIA-0640
Legal Id No. 53020080764A

Dear Ms. Rzepla-Auch:

This letter is in response to your request under the Freedom of Information Act ("FOIA").

(x) In your FOIA request, you requested the following:

A copy of the above-captioned case.

(X) Your request is neither granted nor denied. The requested file is located with the Delaware Department of Labor. Please forward your request to their office located:

Wilmington:

4425 North Market Street
Wilmington, DE 19802

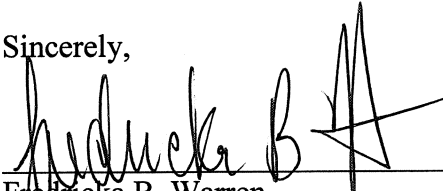
P.O. Box 9954
Wilmington, DE 19809-9954

You may appeal the denial or partial denial of your request by writing within thirty days of receipt of this letter to:

Assistant Legal Counsel/FOIA Programs
Office of Legal Counsel
U.S. Equal Employment Opportunity Commission
1801 L Street, N.W.
Washington DC 20507

You must include a copy of the Regional Attorney's determination with your appeal. You governed by 29 C.F.R. § 1601.11.

Sincerely,



Fredricka B. Warren

Paralegal Specialist



Philadelphia District Office
Legal Unit

801 Market Street
Penthouse, Suite 1300
Philadelphia, PA 19107-3126
(215) 440-2828
TTY (215) 440-2610
FAX (215) 440-2674 & 2848

May 6, 2008

Debora A. Rzepla-Auch
Reed Smiith LLP
2500 One Liberty Place
1650 Market Street
Philadelphia, PA 19103-7301

In Response Refer to: Lorah v. Creative Concepts
EEOC Charge Number: 170-2005-00466

Dear Ms. Rzepla-Auch:

This letter acknowledges receipt of your request under the Freedom of Information Act ("FOIA") dated May 2, 2008 and received in this office on May 5, 2008. Please be advised that within 20 business days you will be notified of the assigned FOIA number, advised of the file status and/or your request for records shall either be granted or denied **unless** additional time is required for one of the reasons listed below:

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- (3) *It is necessary to consult with another agency having a substantial interest in the determination of the request or among two or more components of the agency having substantial subject matter interest therein.*

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Should you have questions in this matter, you may contact the office at (215) 440-2681 and ask for the Paralegal Specialist as noted below.

Sincerely,

Jacqueline H. McNair
Regional Attorney

By:

A handwritten signature in black ink, appearing to read "Fredricka B. Warren", is written over a horizontal line.

Fredricka B. Warren
Paralegal Specialist

EEOC-D-0247



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Philadelphia District Office

801 Market Street, Suite 1300
Philadelphia, PA 19107
Philadelphia Status Line: (866) 408-8075
Philadelphia Direct Dial: (215) 440-2602
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FAX (215) 440-2632, 2848 & 2604

Fredricka B. Warren – Paralegal Specialist
fredricka.warren@eeoc.gov
Direct No. 215-440-2681 Fax No. 215-440-2848

May 7, 2008

Deborah A. Rzepela-Auch
REED SMITH LLP
2500 One Liberty Place
1650 Market Street
Philadelphia PA 19106-2515

In Response Refer to: Lorah v Creative Concepts
Charge No. 170200500466
FOIA No. A8-08-FOIA-0639
Legal Id No. 53020080763A

Dear Ms. Auch:

This letter is in response to your Freedom of Information Act request of May 2, 2008. The Commission cannot honor your request because you are not a party to the charge. Sections 706(b) and 709(e) of Title VII and Section 107 of the ADA specifically prohibit disclosure of such information to third parties.

You may appeal the denial of your request by writing within thirty (30) days of receipt of this letter to:

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Office of Legal Counsel,
U.S. Equal Employment Opportunity Commission,
1801 L Street, NW,
Washington, D.C. 20507.

You must include a copy of the Regional Attorney's determination with your appeal. Your appeal will be governed by 29 C.F.R. Section 1610.11.

I trust this information is helpful.

Sincerely,

A handwritten signature in black ink, appearing to read "Fredricka B. Warren", is written over the typed name and title.

Fredricka B. Warren
Paralegal Specialist

Name : Lorah, Jourdean S

Official Transcript

Page 1 of 2

Northern Virginia Community College

4001 Wakefield Chapel Road
Annandale, VA 22003
United States
Identifying Code:

Name : Lorah, Jourdean S

Student ID:

SSN :

Shannon E. McClure, Esquire
c/o Katherine V. Jackson, Esquire
Reed Smith LLP
1201 Market Street, Suite 1500
Wilmington DE 19801

REDACTED

Print Date : 2008-05-21

| | | | | | |
|------------|-----|--------------------|-------|---------------|------------------|
| INDG | 206 | Txt/Floor/Wll/Wind | 3.00 | 3.00 B | 9.000 |
| INDG | 217 | Indy Trade Sources | 3.00 | 3.00 A | 12.000 |
| PSYC | 110 | Prin of Appl Psyc | 3.00 | 3.00 C | 6.000 |
| TERM GPA : | | | 3.000 | TERM TOTALS : | 9.00 9.00 27.000 |

Beginning of Quarter Credit Record

1983 Fall

| Course/Description | Attempted/Earned/Points |
|-------------------------------|--|
| ARTS 111 Hist/Apprec Art I | 3.00 0.00 W |
| ENGL 111 Engl Comp I | 3.00 3.00 B 9.000 |
| GENL 100 Orientation | 1.00 1.00 A 4.000 |
| INDG 104 Tech of Interior Des | 3.00 3.00 A 12.000 |
| INDG 108 Color/Space Theory | 3.00 3.00 A 12.000 |
| TERM GPA : | 3.700 TERM TOTALS : 10.00 10.00 37.000 |

Dean's List

1985 Summer

| Course/Description | Attempted/Earned/Points |
|----------------------------|-------------------------------------|
| INDG 216 Bus Procedur Indg | 3.00 0.00 W |
| TERM GPA : | 0.000 TERM TOTALS : 0.00 0.00 0.000 |

Dean's List

1984 Winter

| Course/Description | Attempted/Earned/Points |
|-----------------------------|--------------------------------------|
| ENGL 98 Seminar & Project | 3.00 3.00 S |
| ENGL 112 Eng Composition II | 3.00 3.00 B 9.000 |
| INDG 105 Drft Tech For Indg | 3.00 3.00 A 12.000 |
| INDG 107 Perspect/Rendering | 3.00 3.00 A 12.000 |
| TERM GPA : | 3.667 TERM TOTALS : 9.00 9.00 33.000 |

1985 Fall

| Course/Description | Attempted/Earned/Points |
|------------------------------|--------------------------------------|
| ARTS 111 Hist/Apprec Art I | 3.00 3.00 C 6.000 |
| INDG 207 Furn/Lght Equip/Acc | 3.00 3.00 A 12.000 |
| PHED 100 Fund Phys Activity | 1.00 1.00 A 4.000 |
| TERM GPA : | 3.143 TERM TOTALS : 7.00 7.00 22.000 |

Dean's List

1984 Spring

| Course/Description | Attempted/Earned/Points |
|------------------------------|--|
| ENGL 119 Crit Read/stdy SKl | 3.00 3.00 C 6.000 |
| INDG 106 Isomet/Model Const | 3.00 3.00 C 6.000 |
| PHED 142 Perform Conditing I | 1.00 1.00 A 4.000 |
| SPDR 136 Oral Communication | 3.00 3.00 A 12.000 |
| TERM GPA : | 2.800 TERM TOTALS : 10.00 10.00 28.000 |

1986 Winter

| Course/Description | Attempted/Earned/Points |
|--------------------------------|--------------------------------------|
| ARTS 112 Hist/Apprec Art II | 3.00 3.00 C 6.000 |
| HORT 266 House/Consrvtry Plant | 3.00 3.00 A 12.000 |
| TERM GPA : | 3.000 TERM TOTALS : 6.00 6.00 18.000 |

Dean's List

Dean's List

1984 Fall

| Course/Description | Attempted/Earned/Points |
|------------------------------|-------------------------------------|
| INDG 206 Txt/Floor/Wll/Wind | 3.00 0.00 W |
| INDG 208 Advanced Drfty Tech | 3.00 0.00 W |
| PSYC 110 Prin of Appl Psyc | 3.00 0.00 W |
| TERM GPA : | 0.000 TERM TOTALS : 0.00 0.00 0.000 |

1986 Spring

| Course/Description | Attempted/Earned/Points |
|------------------------------|-------------------------------------|
| ARTS 113 Hist/Apprec Art III | 3.00 3.00 C 6.000 |
| TERM GPA : | 2.000 TERM TOTALS : 3.00 3.00 6.000 |

Dean's List

1985 Spring

| Course/Description | Attempted/Earned/Points |
|--------------------|-------------------------|
|--------------------|-------------------------|

| Course/Description | Attempted/Earned/Points |
|----------------------------|-------------------------------------|
| INDG 216 Bus Procedur Indg | 3.00 3.00 C 6.000 |
| TERM GPA : | 2.000 TERM TOTALS : 3.00 3.00 6.000 |

Quarter Credit Career Totals

NVCC-D-01

NVCC 125-5 Rev 5/04

IN ACCORDANCE WITH USC 438 (6) (4) (8) (THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974) YOU ARE HEREBY NOTIFIED THAT THIS INFORMATION IS PROVIDED UPON THE CONDITION THAT YOU, YOUR AGENTS OR EMPLOYEES, WILL NOT PERMIT ANY OTHER PARTY ACCESS TO THIS RECORD WITHOUT CONSENT OF THE STUDENT. ALTERATION OF THIS TRANSCRIPT MAY BE A CRIMINAL OFFENSE.

THIS IS NOT AN OFFICIAL DOCUMENT UNLESS IT IS SIGNED-EMBOSSSED SEAL IS NOT REQUIRED

A. Barrenst Hamilton
A. BARRENS HAMILTON
COLLEGE REGISTRAR

A BLACK AND WHITE TRANSCRIPT IS NOT OFFICIAL

ADDITIONAL TEST: When photocopied, the word COPY appears prominently across the face of the entire document. ALTERATION OR FORGERY OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE! A black and white document is not an original and should not be accepted as an official institutional document. This transcript cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. If you have additional questions about this document, please contact our office.

Name : Lorah, Jourdean S

Official Transcript

Page 2 of 2

CUM GPA : 3.105 CUM TOTALS : 57.00 57.00 177.000

Degrees Awarded

Degree : Associate in Science

Confer Date : 1995-08-11

Degree Honors : Cum Laude

Plan : AS-General Studies

Plan GPA : 3.430

End of Transcript

A BLACK AND WHITE TRANSCRIPT IS NOT OFFICIAL

NVCC-D-03

NVCC 125-5 Rev 5/04

IN ACCORDANCE WITH USC 438 (6) (4) (8) (THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974)
YOU ARE HEREBY NOTIFIED THAT THIS INFORMATION IS PROVIDED UPON THE CONDITION THAT YOU, YOUR
AGENTS OR EMPLOYEES, WILL NOT PERMIT ANY OTHER PARTY ACCESS TO THIS RECORD WITHOUT
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A. BARRENS HAMILTON
COLLEGE REGISTRAR

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Name : Lorah, Jourdean S

Official Transcript

Page 1 of 1

Print Date : 2008-05-21

Dean's List

----- Beginning of Credit Record -----

1996 Spring

| Quarter to Semester Conversion | | | Course/Description | | | Attempted/Earned/Points | | |
|--------------------------------|------|----------------------|---------------------------|-----------|--------|-------------------------|-------|--------|
| QTR/SEM | CONV | QTR/SEM Conversion | Course/Description | Attempted | Earned | Points | Grade | Points |
| ART | 122 | Drawing II | 4.00 | 4.00 | B | 12.000 | | |
| BIO | 101 | General Biology I | 4.00 | 4.00 | B | 12.000 | | |
| ENG | 252 | Surv of World Lit II | 9.00 | 3.00 | B | 9.000 | | |
| TERM GPA : 3.105 | | | TERM TOTALS : 38.00 38.00 | | | 117.990 | | |
| TERM GPA : 3.000 | | | TERM TOTALS : 11.00 11.00 | | | 33.000 | | |

1988 Summer

1996 Summer

| Course/Description | | | Attempted/Earned/Points | | | Course/Description | | | Attempted/Earned/Points | | | | | | | | | | |
|--------------------|-----|------------------------|-------------------------|---------------|---|--------------------|------|------|-------------------------|------------|------|---|-------|---------------|--|--|------|------|-------|
| IDS | 290 | Coordinated Internship | 5.00 | 5.00 | B | 15.000 | MTH | 1 | Developmental Math | 3.00 | 0.00 | R | | | | | | | |
| TERM GPA : | | | 3.000 | TERM TOTALS : | | | 5.00 | 5.00 | 15.000 | TERM GPA : | | | 0.000 | TERM TOTALS : | | | 0.00 | 0.00 | 0.000 |

1994 Summer

1996 Fall

| <u>Course/Description</u> | | | <u>Attempted/Earned/Points</u> | | | <u>Course/Description</u> | | | <u>Attempted/Earned/Points</u> | | | |
|---------------------------|-----|------------------|--------------------------------|------|---|---------------------------|------------------|-----|--------------------------------|-------------------------|------|---|
| PSY | 201 | Intro to Psych I | 3.00 | 3.00 | C | 6.000 | FRE | 101 | Beg French I | 5.00 | 0.00 | I |
| SPD | 297 | Coop Education | 4.00 | 4.00 | A | 16.000 | MTH | 3 | Basic Algebra I | 4.00 | 0.00 | R |
| ART | 121 | Drawing I | 4.00 | 4.00 | A | 16.000 | PED | 107 | Slimnastics I | 1.00 | 1.00 | A |
| TERM GPA : 3.455 | | | TERM TOTALS : 11.00 11.00 | | | 38.000 | TERM GPA : 4.000 | | | TERM TOTALS : 6.00 1.00 | | |
| | | | | | | 4.000 | | | | | | |

1994 Fall

1997 Spring

| <u>Course/Description</u> | | | | | | <u>Attempted/Earned/Points</u> | | |
|---------------------------|-----|-----------------------|-------|---------------|---|--------------------------------|------|--------|
| ART | 153 | Ceramics I | 4.00 | 4.00 | A | 16.000 | | |
| PLS | 120 | Intro to Politcal Sci | 3.00 | 3.00 | A | 12.000 | | |
| TERM GPA : | | | 4.000 | TERM TOTALS : | | 7.00 | 7.00 | 28.000 |

| <u>Course/Description</u> | | | | | | <u>Attempted/Earned/Points</u> | | |
|---------------------------|-----|-----------------|-------|---------------|---|--------------------------------|------|-------|
| FRE | 101 | Beg French I | 5.00 | 0.00 | W | 0.000 | | |
| MTH | 3 | Basic Algebra I | 4.00 | 4.00 | S | 0.000 | | |
| TERM GPA : | | | 0.000 | TERM TOTALS : | | 0.00 | 0.00 | 0.000 |

Dean's List

1995 Spring

Credit Career Totals

CUM GPA : 3.185 CUM TOTALS : 97.00 92.00 292.990

----- Degrees Awarded -----

Degree : Associate in Science
Confer Date : 1995-08-11
Degree Honors : Cum Laude
Plan : AS-General Studies
Plan GPA : 3.430

| <u>Course/Description</u> | | | <u>Attempted/Earned/Points</u> | | |
|---------------------------|-----|---------------------|--------------------------------|--------|--------|
| ART | 241 | Painting I | 4.00 | 4.00 B | 12.000 |
| PLS | 211 | U.S. Government I | 3.00 | 3.00 A | 12.000 |
| ART | 298 | Seminar And Project | 3.00 | 3.00 A | 12.000 |

Course Topic(s): Etruscan to Baroque

TERM GPA : 3.600 TERM TOTALS : 10.00 10.00 36.000

Dean's List

----- End of Transcript -----

1995 Summer

| <u>Course/Description</u> | | | <u>Attempted/Earned/Points</u> | | | |
|----------------------------|-----|--------------------|--------------------------------|------|---|-------|
| HIS | 101 | Hist of West Civ I | 3.00 | 3.00 | C | 6.000 |
| PED | 107 | Slimnastics I | 1.00 | 0.00 | A | |
| Repeated : Repeated Course | | | | | | |
| TERM GPA : 2.000 | | | TERM TOTALS : | | | |
| | | | 3.00 | 3.00 | | 6.000 |

Dean's List

1995 Fall

| <u>Course/Description</u> | | | <u>Attempted/Earned/Points</u> | | |
|----------------------------|-----|---------------------|--------------------------------|--------|-------|
| ENG | 251 | Surv of World Lit I | 3.00 | 3.00 B | 9.000 |
| HIS | 102 | Hist of West Civ II | 3.00 | 3.00 C | 6.000 |
| PED | 107 | Slimnastics I | 1.00 | 0.00 A | |
| Repeated : Repeated Course | | | | | |
| TERM GPA : 2.500 | | | TERM TOTALS : 6.00 6.00 15.000 | | |

NVCC-D-05

A Barrens Hamilton
A. BARRENS HAMILTON
COLLEGE REGISTRAR



ADDITIONAL TEST: When photocopied, the word COPY appears prominently across the face of the entire document. ALTERATION OR FORGERY OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE! A black and white document is not an original and should not be accepted as an official institutional document. This transcript cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. If you have additional questions about this document, please contact our office.



8401 Arlington Boulevard
Fairfax, Virginia 22031-4666

703 849 0100 • 703 849 0118 fax
www.dewberry.com

May 29, 2008

Shannon E. McClure
Reed Smith LLP
2500 One Liberty Place
1650 Market Street
Philadelphia, PA 19103-7301

Re: Jourdean Lorah v. Tetra Tech

Dear Ms. McClure:

Dewberry received your request for information on the subject issue earlier this month. On May 7, 2008, I placed a call to you, but have not received a return call and simply wanted to make sure that I responded on behalf of Dewberry. You state that Ms. Lorah was employed by Dewberry & Davis LLC for a brief period in 1986; unfortunately, we have no records that can verify dates of employment, nor do we have an employment records for her.

Please don't hesitate to contact me at the number listed above if you believe I can be of further assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Laurie Kroll", with a long horizontal flourish extending to the right.

Laurie Kroll
Human Resources Manager



Department of Human Resources

FAIRFAX COUNTY
PUBLIC SCHOOLS

Office of Employee Performance & Development
8115 Gatehouse Road
Falls Church, VA 22042
(571) 423-3250

May 20, 2008

Shannon E. McClure, Esq.
c/o Katharine V. Jackson, Esq.
Reed Smith LLP
1201 Market Street
Suite 1500
Wilmington, DE 19801

Re: Jourdean Lorah v. Tetra Tech, Inc., et al.
U.S.D.C. D.Del., No. 06-cv-538-SLR

Dear Ms. McClure:

This is in response to a subpoena that you mailed to Fairfax County Public Schools (FCPS), regarding employee Jourdean Lorah. Please be advised that neither FCPS nor its employees are required by law to comply with subpoenas that are issued by state courts other than those in the Commonwealth of Virginia. Therefore, FCPS will not be producing documents in response to this subpoena.

Under Virginia law, Jourdean Lorah is entitled to a copy of personnel records upon written request. Therefore if she requests these records directly, or if she provides a written consent authorizing you to receive them, we will be happy to provide them to you, subject to appropriate copying charges.

If you have any questions, please contact Eleni Peyser in the Office of Employee Performance and Development at 571-423-3272.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Samuel E. Newman', is written over a horizontal line.

Samuel E. Newman, Director
Office of Employee Performance and Development

SEN/esp

Enclosure

cc: Jourdean Lorah

May 12, 2008

DBI

Shannon E. McClure, Esquire
c/o Katharine V. Jackson, Esquire
Reed Smith LLP
1201 Market Street, Suite 1500
Wilmington, DE 19801

VIA CERTIFIED MAIL

**RE: Jourdean Lorah v. Tetra Tech, Inc., et al
U.S.D.C. D.Del., No. 06-cv-538-SLR**

Dear Ms. McClure,

In response to your letter of May 7, 2008 and subpoena requesting the employment records of Jourdean Lorah for the above-referenced matter, please be advised that DBI Architects, Inc. has no employment records for Ms. Lorah.

To the best of our knowledge, it seems that Ms. Lorah was employed as a temporary worker through an employment agency for the period in question, and was never an employee of DBI. Any employment records would therefore be held by the agency in question.

If we may be of any further assistance please do not hesitate to call.

Sincerely,

DBI ARCHITECTS, INC.



Graham Rawnsley
Sr. Manager, HR & Administration

/ Architects
/ Interior
Designers
/ Facilities
Consultants
1707
L Street
Northwest
Suite 600
Washington, D.C.
20036
202.872.8844
Fax 202.872.4265
E-mail wash-dc@dbia.com

GR/sas

GR0512SM.LET

DBI-D-01



Christian
Fellowship
Church

May 8, 2008

Shannon E. McClure, Esquire
c/o Katharine V. Jackson, Esquire
Reed Smith LLP
1201 Market Street, Suite 1500
Wilmington, DE 19801

Dear Ms. McClure,

Re: Jourdean Lorah v. Tetra Tech, Inc, et al.
U.S.D.C.D. Del., No. -06-cv-538-SLR

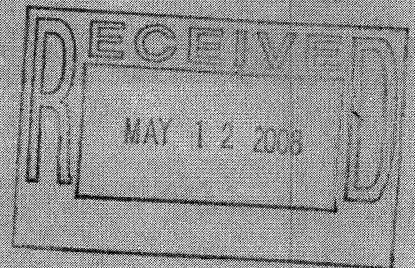
I am in receipt of a subpoena for the employment records of Jourdean Lorah in the above referenced matter.

We have no employee currently employed by that name or any records for any employee by that name previously employed either at Christian Fellowship School or Christian Fellowship Church. (Christian Fellowship School is a ministry of Christian Fellowship Church and all employment is processed through the church.) Our policy on record retention for former employees is seven (7) years. In reviewing this subpoena I see that the above named indicates a working period of September 1996-June 1997. This time frame would be beyond our record retention period.

Should you need additional information I can be reached at 703 739-3900 Ext 4906.

Sincerely,

Esther R. Schaeffer
Human Resource Manager



www.CFellowshipC.org

21673 Beaumeade Circle • Ashburn, Virginia 20147 • 703.729.3900 • FAX: 703.858.2977 • TDD: 703.858.0920

ChristianFC-D-01



STATE OF DELAWARE DEPARTMENT OF LABOR
DIVISION OF INDUSTRIAL AFFAIRS
OFFICE OF ANTI-DISCRIMINATION
4425 N. MARKET STREET
WILMINGTON, DELAWARE 19802
(302) 761-8200/ FAX: (302) 761-6601

May 7, 2008

Via U.S. Mail and email (smcclure@reedsmith.com)

Shannon E. McClure, Esq.
Reed Smith LLP
2500 One Liberty Place
1650 Market Street
Philadelphia, PA 19103-7301

Re: Jourdean Lorah v. Tetra Tech, Inc., et al.
U.S.D.C.D.Del., No. 06-cv-538-SLR

Dear Ms. McClure:

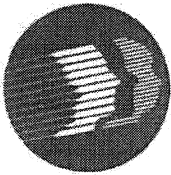
The Delaware Department of Labor ("DDOL") does not have a file regarding Ms. Lorah's claim against Tetra Tech as her claim apparently was filed directly with the EEOC not with the DDOL. Further, as explained by Linda M. Carmichael, DAG in a telephone conversation with you on May 7, 2008, DDOL is unable to provide you copies of the other case files identified in your subpoena, to the extent they exist, because such files would be investigative files.

Very truly yours,

A handwritten signature in cursive script that reads "Julie Klein Cutler".

Julie Klein Cutler
Administrator
Office of Anti-Discrimination

cc: Linda M. Carmichael, Esq.



**DELAWARE HEALTH
AND SOCIAL SERVICES**

DIVISION OF
SOCIAL SERVICES

TELEPHONE: (302) 255-9500

May 5, 2008

Shannon W. McClure, Esq.
c/o Katharine V. Jackson, Esq.
Reed Smith LLP
1201 Market Street, Suite 1500
Wilmington, DE 19801

Re: Jourdean Lorah v. Tetra Tech, Inc.
U.S.D.C. De. Del No.06-cv-538-SLR

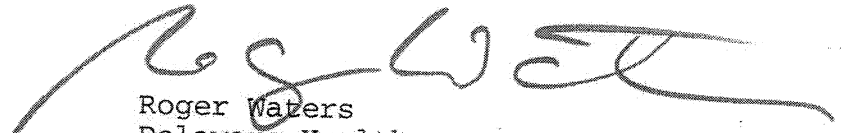
Greetings:

This is to acknowledge your subpoena for records relating to Jourdean Lorah.

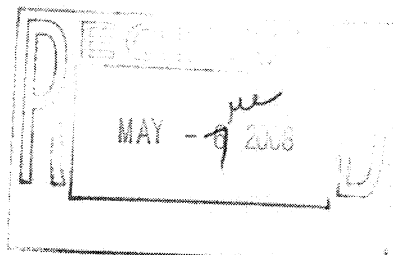
Delaware law prohibits the release of records relating to public assistance, absent the consent of the assistance recipient or a court order. 31 Del. C. 1101. Accordingly, the Division of Social Services objects to the inspection, copying and release of the records you are requesting.

If you have any questions relating to this objection, please contact A. Ann Woolfolk, Deputy Attorney General at 820 N. French Street, Wilmington, DE 19801.

Respectfully,


Roger Waters
Delaware Health
and Social Services

cc: Irma Hernandez-Ortiz, DSS



ReedSmith

Shannon E. McClure
Direct Phone: +1 215 851 8226
Email: smcclure@reedsmith.com

Reed Smith LLP
2500 One Liberty Place
1650 Market Street
Philadelphia, PA 19103-7301
+1 215 851 8100
Fax +1 215 851 1420
www.reedsmith.com

May 14, 2008

VIA FACSIMILE

Karen Pasquale
Department of Labor
Division of Unemployment Insurance
4425 North Market Street
Wilmington, DE 19802

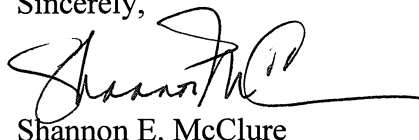
Re: Jourdean Lorah v. Tetra Tech, Inc., et al.
U.S.D.C. D.Del., No. 06-cv-538-SLR

Dear Ms. Pasquale:

This will confirm our telephone conversation today where you advised that you cannot provide documents in response to our subpoena without an authorization from the claimant and an authorization from each employer. Therefore, this is to advise you that we are formally withdrawing our subpoena, but reserve the right to reissue it once we obtain the requested authorizations.

Should you have any questions, please call me at (215) 851-8226.

Sincerely,



Shannon E. McClure

SEM/dara

cc: Jourdean Lorah

UnempIns-D-01

JOB STATUS REPORT

TIME : 05/14/2008 15:51
 NAME : REED SMITH 28S
 FAX# : 2158511420
 TEL# :
 SER.# : 000006020221

DATE, TIME
 FAX NO./NAME
 DURATION
 PAGE(S)
 RESULT
 MODE

05/14 15:50
 *7518308450001913027616637
 00:00:19
 02
 OK
 STANDARD
 ECM

ReedSmith

FAX TRANSMITTAL

From: Shannon E. McClure

Direct Phone: +1 215 851 8226
 Email: smcclure@reedsmith.com

Reed Smith LLP
 2500 One Liberty Place
 1650 Market Street
 Philadelphia, PA 19103-7301
 +1 215 851 8100
 Fax +1 215 851 1420
 reedsmith.com

Total Number Of Pages Including Cover Page 2

May 14, 2008

Fax to:

| Name | Company | Fax Number | Phone Number |
|----------------|--|----------------|--------------|
| Karen Pasquale | Dept. of Labor, Div. of Unemployment Ins. | (302) 761-6637 | |

Original will follow via: ☐ Regular Mail ☐ Overnight Delivery ☐ Messenger ☒ None

Notes:

UnempIns-D-02

If you do not receive all of the pages, please call Debbie at 1 215 241 7962.

Ocean City CHRISTIAN SCHOOL

Training Up "Fishers Of Men"
-Matthew 4:19

10037 Golf Course Road
Ocean City, Maryland 21842

410-213-7595 • Fax: 410-213-8001

E-Mail: occhristianschool@juno.com



November 15, 2002

Miss Jourdean Lorah
RT 5, Box 150-318
Frankford, DE 19945

Dear Miss Lorah:

The school has been struggling with finances this year. Due to the decline in enrollment and loss of additional students since the beginning of the school year, the School Board has been forced to re-evaluate the current budget and make some reductions in expenditures. As a result, it is with deep regret that I must inform you that the Librarian position will be eliminated at this time. The School Board hereby gives you four weeks notice from the date of this letter that we will no longer need your services. Your last day to report to work shall be December 13, 2002, however, you will be paid through December 15th.

We the Board and Administration of Ocean City Christian School thank you for all your hard work in organizing the school Library and working well with the students. We are very sorry for any hardship this decision may cause and would be more than willing to provide you with a recommendation as you seek new employment. We in the OCCS family will continue to pray for you.

Sincerely,

Charles W. Albert
Mr. Charles Albert
Administrator

Robyn Talbott
Mrs. Robyn Talbott
School Board President

Ocean City Christian School
12637 A Ocean Gateway
Ocean City, MD 21842

Employee Separation/Evaluation Report

This form may be released to future prospective employers.

Employee's Name LOURDEAN LORAH Date Employed SEPT. '02 Last Day DEC. 13, '02

Employee's Position LIBRARIAN Date of Report DATE OF NOTICE

Separation Information

CONCERNING LAY OFF

11/15/02 - DATE OF MY
REPLY - 12/6/02

Resigned with Notice ☐

Retirement ☐

Resigned W/O Notice ☐

Mutual Agreement ☐

Discharged ☐

Illness ☐

Laid-off ☒

Leave of Absence ☐

Not Renewed ☐

Comments

Comments or Rebuttal by Employee

SEE ENCLOSED LETTER / NOTES OF DOCUMENTATION
TO ADMINISTRATOR MR. ALBERT (I HAVES COPIES)

UNEMPLOYMENT INSURANCE DIVISION
APPLICATION FOR BENEFITS

Claim Date

Social Security Number

First MI Last Name

NOTICE TO EMPLOYER: The individual named above has filed a claim for unemployment benefits against the State of Delaware. As the last employer, you are entitled to notification of this filing and to provide information concerning the reason for separation. Please complete this form and include facts known to you which may affect this claimant's eligibility for benefits. Failure to return this separation notice within **7 calendar days** may cause the Department to declare the claimant eligible for benefits on the basis of available information and your employer account may receive a benefit wage charge. As provided under Delaware State Law and regulation, failure to return this request within the prescribed period will bar the employer from subsequently claiming that the individual should be disqualified under any section of Title 19. Benefits will be paid promptly when due, even though an appeal may be filed. *If you desire an appointment to appear in person or have any questions, please contact the appropriate Local Office. (All area codes are 302, (1) Wilmington - 761-8446; (2) Newark - 368-6602; (4) Dover - 739-5461; (7) Georgetown - 856-5611; or (0) Interstate - 761-8428.*

Register: 1 2

Last Employer:

Street Address:

Employer's Phone Number:

City: State: Zip Code:

Will you be recalled?

☐ Yes (1) ☐ No (2)

Date of Recall: / /

Are you employed through a Union Hiring Hall?

☐ Yes (1) ☐ No (2)

Last period of employment:

From: To:

In accordance with the applicable provisions of the Privacy Act (PL 93-579), the above mentioned claimant has authorized his/her former employer(s) to release information requested in connection with his/her claim for unemployment compensation.

FIT

☒ Y☐ N**REDACTED**

File Date:

Clerk

Office

SEPARATION INFORMATION

REASON FOR SEPARATION (Check One):

☐ Lack of Work ☐ Discharge ☐ Voluntary Quit ☐ Illness/Disability/Injury☒ Other (specify): position eliminated

Give full details of other than "Lack of Work": due to lack of funds in budget for this position/no other positions available

Last Date of Actual Employment: 12-13-02Type of Separation: ☒ Permanent ☐ Temporary

Expected Date of Rehire: _____

Has this person received (or is entitled to receive) any of the following:

| | Yes | No | From: | To: | Gross Amount |
|---------------|-----|----|-------|-----|--------------|
| Holiday Pay | | X | | | \$ |
| Vacation Pay | | X | | | \$ |
| Severance Pay | | X | | | \$ |
| Pension | | X | | | \$ |

Please provide the following information:

Company Telephone Number: 410-213-7595Company Fax Number: 410-213-8001Contact Person (please print) LORRAINE MACKE-mail: occhristianschool@june.comCompany Address (if different than above): 12637 A Ocean GatewayEmployer Representative Signature: Loraine MackDate: 1-28-03Title: Human Resources

STATE OF DELAWARE DEPARTMENT OF LABOR

EMPLOYER

UC 101 C
60 06 01 02 03 02

OCS-D-0003

J LORAH



2177414600JLOR99999901001

REQUEST FOR SEPARATION INFORMATION

EMPLOYER ACCOUNT NO. 99999901 1
LO# 56 COMBINED WAGE CLM SECTION

RUN DATE: 03/05/2003

DUE DATE: 03/14/2003

INTERNET KEY: 3065G0854

EMPLOYEE SSN:

www.mdunemployment.com

REDACTED

OCEAN CITY BAPTIST CHURCH INC
12637 B OCEAN GATEWAY

OCEAN CITY

MD 21842-0000

***FOR YOUR CONVENIENCE YOU CAN RESPOND VIA THE INTERNET (NO MAILING FORMS BACK!) SEE INTERNET SITE ABOVE:** ↑
The claimant whose name is shown below has filed a claim for Unemployment Insurance benefits. The first week ending date affected by the current claim is 01/25/2003. Our records indicate that the claimant worked for you. Please answer the questions below, sign and mail this copy of the form in the enclosed envelope by the DUE DATE. **A PENALTY OF \$15 WILL BE ASSESSED IF THIS FORM IS RETURNED LATE OR INCOMPLETE.** NOTE: The Law provides penalties for false statements.

SSN

Employee's Name
JOURDEAN S LORAH

Other Last Name

Effective Date Of Original Claim
01/19/2003

REASON FOR SEPARATION FROM EMPLOYMENT

- ☐ 1. TEMPORARY LAYOFF (10 WEEKS OR LESS) (97)
EXPECTED DATE OF RETURN _____ MM/DD/YYYY
- ☒ 2. LACK OF WORK (DATE OF RETURN UNKNOWN) / REDUCTION IN FORCE / JOB/POSITION ABOLISHED / (99)
- ☐ 3. VACATION/HOLIDAY SHUT DOWN (28)
RETURN TO WORK DATE _____ MM/DD/YYYY
- ☐ 4. STILL EMPLOYED ON A CONTINUOUS PART TIME BASIS (41)
- ☐ 5. FOR TEMPORARY HELP FIRMS ONLY
END OF ASSIGNMENT (89)
Did claimant request another assignment? YES ☐ NO ☐
Is claimant still on your active rolls? YES ☐ NO ☐
- ☐ 6. QUIT (30)
- ☐ 7. FIRED (50)
- ☐ CHECK BOX IF THE CLAIMANT FOLLOWED YOUR INSTRUCTIONS AND WORKED TO THE BEST OF HIS/HER ABILITY
- ☐ 8. LEAVE OF ABSENCE (88)
- ☐ 9. SCHOOL VACATION (EDUCATIONAL INSTITUTIONS) (22)
RETURN TO WORK DATE _____ MM/DD/YYYY
- ☐ 10. LABOR DISPUTE/STRIKE/LOCKOUT (29)
- ☐ 11. NEVER EMPLOYED HERE

Note: If the reason for separation given by you on this form is something other than layoff or lack of work, you may be contacted by telephone to provide additional information when the claimant's fact finding interview is held.

FOR ANY PERIOD SINCE THE LAST DAY WORKED, HAS THE CLAIMANT RECEIVED, OR WILL HE/SHE RECEIVE:

1. PENSION OR ANY OTHER RETIREMENT PAYMENT? No

PER MONTH \$ _____ EFFECTIVE DATE _____

LUMP SUM \$ _____ ☐ ☐DID CLAIMANT CONTRIBUTE? YES ☐ NO ☐2. PROFIT SHARING AMT \$ N/A DATE PAID _____3. BONUS OR SPECIAL PAYMENT \$ N/A DATE PAID _____4. SEVERANCE PAY \$ N/A GROSS WEEKLY WAGE \$ _____☐ Check Box if ALL benefits, including leave accrual, continue during severance period.5. VACATION PAYS \$ N/A VAC. DATES FROM: _____ TO: _____6. HOLIDAY PAY \$ N/A DATE OF HOLIDAY(S) _____

| Claimant's First Day of Work | | | Claimant's Last Day of Work | | |
|------------------------------|-----|----|-----------------------------|-----|----|
| MO | DAY | YR | MO | DAY | YR |

GROSS WAGES EARNED SINCE 10/01/2002

\$ _____

(IF NECESSARY, ENTER APPROXIMATE AMOUNT)

If you recall this individual to work, or if this individual refuses an offer of work, you must notify the office in writing within 15 days of the job offer.

Trade Name Of Employer OCEAN CITY CHRISTIAN SCHOOL T/A OC BAPTIST CHURCH Date 3-11-03Person To Be Contacted For Further Info Lorraine MackTelephone No: 410-213-7595Name of Official Completing Form (Print) Lorraine MackE-Mail: occhristianschool@juno.comSignature Lorraine Mack

OCEAN CITY CHRISTIAN SCHOOL

School Year 2002-2003

REQUEST FOR TIME OFF

This form is to be completed by Employee and submitted to Administrator at least two weeks prior to date(s) requested.

Name: LOURDEAN LORAH

Current Date: SEPT. 9, 2002

Position: LIBRARIAN

Date(s) Requested: FRIDAY SEPT. 13, 2002

Reason: PERSONAL

Please check the periods listed below that you will need a substitute (including Study Halls) please note if you need lunch/recess duty covered:

Homeroom Period 3 Period 6 Homeroom/Dismissal

Period 1 ✓ Period 4 ✓ Period 7 ✓ All day

☒ Period 2 ☒ Period 5 ☐ Period 8

Lesson plans must be made out and be available for day(s) off - make sure they have been approved by Administrator.

APPROVED BY:

Administrative's Initials

9-9-02
Date

Human Resources Office Use Only

Date Received: 9-9-02 Personal Day(s) ✓1 Sick Day(s) _____

notes: _____

OCEAN CITY CHRISTIAN SCHOOL
School Year 2002-2003

REQUEST FOR TIME OFF

This form is to be completed by Employee and submitted to Administrator at least two weeks prior to date(s) requested.

Name: LOURDEAN LORAH

Current Date: SEPT. 11, '02

Position: LIBRARIAN

Date(s) Requested: SEPT. 16, '02 - MORNING ONLY - I SHOULD BE HERE BY 10:00.

Reason: TB TEST MUST BE CHECKED BY A NURSE.

Please check the periods listed below that you will need a substitute (including Study Halls) please note if you need lunch/recess duty covered:

☐ Homeroom ☐ Period 3 ☐ Period 6 ☐ Homeroom/Dismissal
☐ Period 1 ☐ Period 4 ☐ Period 7 ☐ All day
☐ Period 2 ☐ Period 5 ☐ Period 8

Lesson plans must be made out and be available for day(s) off - make sure they have been approved by Administrator.

APPROVED BY:


 Administrator's Initials

Sept. 11, 2002
 Date

Human Resources Office Use Only

Date Received: 9-11-02 Personal Day(s) 0 Sick Day(s) 0

notes: no time off taken

OCEAN CITY CHRISTIAN SCHOOL
School Year 2002-2003

REQUEST FOR TIME OFF

This form is to be completed by Employee and submitted to Administrator at least two weeks prior to date(s) requested.

Name: LOURDEAN LORAH

Current Date: OCTOBER 24, 2002

Position: LIBRARIAN

Date(s) Requested: OCT. 25, 2002

Reason: EMERGENCY

Please check the periods listed below that you will need a substitute (including Study Halls) please note if you need lunch/recess duty covered:

| | | | |
|--|--|-----------------------------------|---|
| <input type="checkbox"/> Homeroom | <input checked="" type="checkbox"/> Period 3 | <input type="checkbox"/> Period 6 | <input type="checkbox"/> Homeroom/Dismissal |
| <input checked="" type="checkbox"/> Period 1 | <input type="checkbox"/> Period 4 | <input type="checkbox"/> Period 7 | <input type="checkbox"/> All day |
| <input checked="" type="checkbox"/> Period 2 | <input type="checkbox"/> Period 5 | <input type="checkbox"/> Period 8 | |

Lesson plans must be made out and be available for day(s) off - make sure they have been approved by Administrator.

APPROVED BY:

df
 Administrator's Initials

10-24-02
 Date

Human Resources Office Use Only

Date Received: _____ Personal Day(s) ☒ Sick Day(s) _____

notes: she was out all day (1/2 day school)

OCEAN CITY CHRISTIAN SCHOOL
School Year 2002-2003

REQUEST FOR TIME OFF

*This form is to be completed by Employee and submitted to Administrator at least two weeks
prior to date(s) requested.*

Name: LOURDEAN LORAH

Current Date: Nov. 4, 2002

Position: LIBRARIAN

Date(s) Requested: Nov. 12, 2002

Reason: PERSONAL - CONFERENCE

Please check the periods listed below that you will need a substitute (including Study Halls)
please note if you need lunch/recess duty covered:

☐ Homeroom ☐ Period 3 ☐ Period 6 ☐ Homeroom/Dismissal
☐ Period 1 ☐ Period 4 ☐ Period 7 ☐ All day
☐ Period 2 ☐ Period 5 ☐ Period 8

Lesson plans must be made out and be available for day(s) off - make sure they
have been approved by Administrator.

APPROVED BY:

ATA
Administrator's Initials

Nov. 4, 2002
Date

Human Resources Office Use Only

Date Received: _____ Personal Day(s) _____ Sick Day(s) _____

notes: _____

2002 ATTENDANCE CALENDAREmployee Name Lorah, Jaurdean
Last First MiddleEmployee Identification Number 61 Dept. _____Hire Date 9-9-02 Telephone () _____Personal
Vacation Days 2 Sick Days 3
last day 12/13/02**ABSENCE CODES**

| | |
|---------------------------|---------------------------|
| A - Accident | P - Personal |
| B - Birthday | PH - Partial Hours Worked |
| D - Discipline | R - Recognition |
| DF - Death in Family | S - Sick |
| FH - Floating Holiday | T - Tardy |
| FI - Family Illness | TR - Transportation |
| FM - Family-Medical Leave | UN - Unexcused |
| H - Holiday | V - Vacation |
| J - Jury Duty | W - Weather |
| L - Lack of Work | |
| LA - Leave of Absence | |
| M - Military | |
| MA - Medical Appointment | |

JANUARY

| S | M | T | W | T | F | S | Total |
|----|----|----|----|----|----|----|-------|
| | | 1 | 2 | 3 | 4 | 5 | |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | |
| 27 | 28 | 29 | 30 | 31 | | | |

MAY

| S | M | T | W | T | F | S | Total |
|----|----|----|----|----|----|----|-------|
| | | | 1 | 2 | 3 | 4 | |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | |
| 26 | 27 | 28 | 29 | 30 | 31 | | |

SEPTEMBER

| S | M | T | W | T | F | S | Total |
|----|----|----|----|----|----|----|-------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | |
| 29 | 30 | | | | | | |

FEBRUARY

| S | M | T | W | T | F | S | Total |
|----|----|----|----|----|----|----|-------|
| | | | | | 1 | 2 | |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
| 24 | 25 | 26 | 27 | 28 | | | |

JUNE

| S | M | T | W | T | F | S | Total |
|----|----|----|----|----|----|----|-------|
| | | | | | | 1 | |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 | |
| 30 | | | | | | | |

OCTOBER

| S | M | T | W | T | F | S | Total |
|----|----|----|----|----|----|----|-------|
| | | 1 | 2 | 3 | 4 | 5 | |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | |
| 27 | 28 | 29 | 30 | 31 | | | |

MARCH

| S | M | T | W | T | F | S | Total |
|----|----|----|----|----|----|----|-------|
| | | | | | 1 | 2 | |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | |
| 31 | | | | | | | |

JULY

| S | M | T | W | T | F | S | Total |
|----|----|----|----|----|----|----|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | |
| 28 | 29 | 30 | 31 | | | | |

NOVEMBER

| S | M | T | W | T | F | S | Total |
|----|----|----|----|----|----|----|-------|
| | | | | | 1 | 2 | |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | |

APRIL

| S | M | T | W | T | F | S | Total |
|----|----|----|----|----|----|----|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | |
| 28 | 29 | 30 | | | | | |

AUGUST

| S | M | T | W | T | F | S | Total |
|----|----|----|----|----|----|----|-------|
| | | | | 1 | 2 | 3 | |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 | |

DECEMBER

| S | M | T | W | T | F | S | Total |
|----|----|----|----|----|----|----|-------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | |
| 29 | 30 | 31 | | | | | |

Ocean City Christian School
Attention: Mr. Albert
12637A Ocean Gateway
Ocean City, Maryland 21842

December 2, 2002

Dear Mr. Albert,

The following comments were requested on the lay off form that I received on November 15, 2002.

Comments:

Each morning I arrived at OCCS at 7:25 in the morning for devotion. I noticed Mr. Hilbert, Mr. McCleod, Lorraine and Mr. Albert were also present at this time. Often, I helped arrange the chairs in rows and I passed out the praise books for the morning service. At seven thirty, the above mentioned people were seated and ready to begin. All other staff members with the exception of a few administrators were not present. Teachers began walking into devotion at approximately seven forty. As a new staff member, I made an effort to arrive at work on time and I was prepared for the morning prayer. Those who arrived late were not setting an example for others who enjoyed this service at OCCS.

On many occasions, I asked for an OCCS manual of rules and regulations. No one responded to the request. As a new employee, I needed the rules and procedures to refer to when applying the necessary disciplinary action or any questions that I may have had.

With regards to the atmosphere of those who either work or attend as students at OCCS, I was astonished and disappointed in the communication among one another. This does not apply to all students and all teachers. As a new employee, I was treated with no respect and my name was slandered. Documentation of certain dates concerning the awful communication was given to Mr. Albert. On one particular day, I confronted the student when she asked me for a privilege. I firmly told her that she was not deserving of the privilege she was seeking. I then proceeded to tell her why. This student cried and denied the statement. When she was sent to the office, she was given the privilege that I refused to consider. My note was given to the administrator one day before I confronted this issue, which was not addressed. This was an insult to me and I was not at all supported. Other issues that were much more serious were given a lenient punishment. Various comments have been made by the older group of students in the form of a verbal bantering. I ignored the communication until it was aimed at my reputation which was false.

Ocean City Christian School
Attention: Mr. Albert
12637A Ocean Gateway
Ocean City, Maryland 21842

Page Two

December 2, 2002

Another employee informed me that it was religion discrimination.

Finally, this lay off has resulted in an economic hardship. I have only been a resident in Delaware for approximately a year and a half. I have not been working long enough in Delaware to receive a sufficient amount of benefits for unemployment. My only recourse is the possibility of a Federal extension from the state of Virginia. This has not been finalized and I may not be considered for this benefit. Furthermore, I am disabled and the communication has not improved the outcome of my psychological well being. When I mentioned the poor communication, I was very concerned with the students and the direction that they were taking. I hope in the future you will consider accommodating those who are disabled. Presently, the issues are pending with regards to my well being and the possibility of discrimination which was ignored.

Sincerely,

 12/6/02

Jourdean Lorah
Route 5 Box 150-318
Frankford, Delaware 19945

302-539-8773

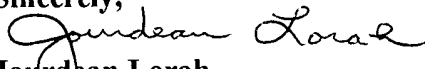
Ocean City Christian School
Attention: Mr. Albert
12637 A Ocean Gateway
Ocean City, Maryland 21842

November 6, 2002

Dear Mr. Albert,

The enclosed letter is concerning the defamatory communication that has been verbally stated among many students in the eighth grade. All statements were documented and we have discussed the issues on several occasions. I hope that the enclosed medical statement will put an end to the issues of privacy as well as the defamation. Your cooperation and consideration is most appreciated.

Sincerely,


Jourdean Lorah

Route 5 Box 150-318
Frankford, Delaware 19945

302-539-8773

CC: Mrs. Frick

August 15, 1997

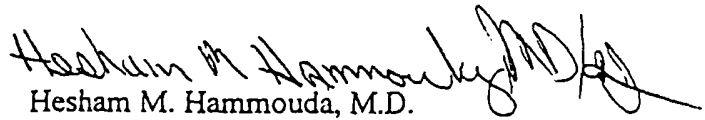
To Whom It May Concern:

RE: Jourdean Lorah

This letter is written as per the request of Ms. Lorah, who will be working as a teacher, to attest to the fact that she is free from any communicable disease that could be transmitted to the children.

If you have any further questions please contact me at the above number.

Sincerely,


Hesham M. Hammouda, M.D.

Ocean City Christian School
Staff/School Commitment
for School Year 2002-2003

_____ Experience Level 2
_____ Years at OCCS

Position: Librarian

EMPLOYEE CONTRACT

Believing that God has led in this decision, the Board of Governors of Ocean City Christian School has been appointed Jourdean Lorah as Librarian for the 2002 - 2003 school year. This commitment covers the period from September 4, 2002 to June 13, 2003, within which there will be scheduled 26 hours per week. Additional hours may be requested by the Administrator at anytime during the school year. Make up of snow days will also be decided by the administration.

We rejoice that God has brought you to us as a "fellow-laborer" in this ministry. This contract provides a framework of mutual obligation and responsibility to assure the orderly operation of an exemplary program at Ocean City Christian School.

By accepting this appointment, said employees specifically acknowledges that this contract is for a limited duration and that all rights and privileges herein will terminate upon the expiration date of this contract, unless voided earlier pursuant to the provisions of Paragraph 20 below. The parties agree that no rights or presumptions of continued employment are conferred or implied by this contract or by a number of consecutive contracts. The parties further agree that no right to notice of renewal or non renewal of the contract is conferred or implied.

The School will provide administrative direction, counsel and support. The Administrator will have authority to assign duties & reassign staff employees as needed.

The validity of this contract is dependent upon sufficient student enrollment. If student enrollment is too low to continue this position, this contract may be terminated upon four weeks notice to the employee.

Gross salary for this period of employment will be \$ 12,000.00, payable bimonthly, over a 10-month period.

CONDITIONS OF EMPLOYMENT

1. The employee affirms that, as part of the qualifications for this position, he/she is a Christian who knows the Lord Jesus Christ as Savior. (John 3:3; 1 Peter 1:23)
2. The employee gives testimony that he/she has a sense of God's will, that working in a Christian School is his/her calling, and is God's direction.
3. The employee accepts, without verbal or mental reservations, both the Statement of Faith, the Mission Statement and the Purpose and Objectives of Ocean City Christian School and is committed to upholding them.
4. The employee will manifest, by precept and example, the highest Christian virtue and

personal decorum, serving as a role model (1 Timothy 4:12), both in and out of school to pupils (Luke 6:40), and as an example to parents and fellow faculty/staff members in judgement, dignity, respect, and Christian living.

5. The employee will faithfully attend and financially support a local church whose fundamental beliefs are in agreement with the Statement of Faith of this school. (Hebrews 10:25).
6. The employee has read the appropriate Job Description, and agrees to abide by the requirements listed. The employee has also read and agrees to abide by the regulations set forth in the Faculty and Students Handbooks, as well as any additions made during the year. He/she agrees to cooperate in every way with the school authorities and adhere to the policies adopted by the School Board. The employee will keep all records and to make all reports required by his/her supervisor.
7. Assignment of duties is to be made at the discretion of the Administrator. He/she agrees to accept his/her proportionate amount of supervision outside of the regular duties assigned, the extent of such supervision and assignment to be determined by the Administrator who will seek as far as possible to achieve equity in all staff assignments.
8. The employee will strive at all times to understand, appreciate, love, and serve the pupils and will to the best of his/her ability provide for their fullest spiritual, intellectual, physical, and emotional development.
9. The employee will maintain an organized and neat work area. This includes maintaining a professional appearance.
10. The employee agrees to be present on time for faculty devotions, which begin each school day, and to remain in the office at least one hour after school has been dismissed to complete school related tasks for the school or the Administrator, unless permission has been granted for early departure. He/she also agrees to remain after school for such meetings and conferences as may be called by the Administrator or his/her supervisor.
11. The employee agrees to follow the Biblical pattern of Matt. 18: 15-17 and Gal. 6:1 and always give a good report. All differences are to be resolved by utilizing Biblical principles always presenting a united front. Appropriate confidentiality will be observed in regard to pupil, parent, and school matters. (Titus 3:2 and Gal. 5:15).
12. The parties to this agreement are Christians and believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the Biblical injunctions of 1 Corinthians 6:18; Matthew 5:23-24, and Matthew 18:15-20. Therefore, the parties are agreeing that any claim or dispute arising out of, or related to, this agreement or to any aspect of the employment relationship, including any claim or statutory claims, will be settled by Biblically-based mediation. If resolution of the dispute and reconciliation do not result from such efforts, the manner will then be submitted to a panel of three arbitrators for binding arbitration. The selection of the arbitrators and the arbitration process will be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation as printed in the Christian Conciliation Handbook, a copy of which will be available in the OCCS libraries and offices.

The parties agree that these methods will be the sole remedy for any controversy or claim arising out of the employment relationship of this agreement and expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.

Each party, regardless of the outcome of the matter, agrees to bear the fees and costs of his/her own arbitrator and one-half of the fees and costs of the neutral arbitrator and any

- other arbitration expenses.
13. The employee agrees that the Scripture dictates standards of sexual behavior. Any promiscuity, homosexuality, or other deviant sexual behavior is forbidden and as such violates the bona fide occupational requirement of being a Christian role model. The unique roles of the male and female are clearly defined in Scripture. Such deviation from Scriptural standards is grounds for termination. (Romans 12:1-2; 1 Corinthians 6:9-20; Ephesians 4:1-11 and 5:3-5; 1 Thess. 4:3-8; 1 Timothy 4:12; 2 Timothy 2:19-22; 1 Peter 1:15-16 and 2: 15-17; 1 John 3:1-3).
 14. The employee acknowledges that he/she has been instructed regarding his/her obligations under state law regarding child abuse reporting requirements and that he/she will fulfill those obligations.
 15. Any previous agreements, whether written or oral, are fully merged into this agreement and no other agreement, statement or promise other than those contained in this contract will be valid or binding on either party. This contract will be interpreted under the laws of the State of Maryland.

FRINGE BENEFITS

- A. Sick days: Employees will be permitted five sick days per year. A pro-rated payroll deduction will be made for each day absent over the allotted days for both full and part-time employees. These days do not accumulate from year to year.
 - B. Personal and Professional Days: Two personal days may be taken by full-time employees with advance coordination and approval of the Administrator. Two professional days may be taken to attend conferences for professional growth and development. These days do not accumulate from year to year.
 - C. Vacation Days: Full time employees are entitled to five vacation days with advance coordination and approval of the Administrator. Salary will not include standard school holidays, including Christmas day, Martin Luther King, Jr. Day, Good Friday, Easter Monday and Memorial Day.
 - D. The employee is eligible to participate in the school's group health insurance and dental insurance plan. All premiums are the responsibility of the employee.
 - E. Salary reduction agreement (Retirement Plan): The employee may elect to contribute, according to a salary reduction agreement, a percentage of his/her annual compensation (not to exceed the limits of IRC Sections 403(b), 402(g) and 415, but not less than \$200.00 annually). In such an event, Ocean City Christian School will provide additional documentation of the same to be signed by the employee.
20. The employee must give the Board one month prior written notice of intended resignation unless a different termination date is mutually agreed upon. If the employee resigns or is terminated during the period of service covered by this contract, payment will be made of that proportionate part of the annual salary which the number of days of actual duty bears to the number of days of actual employment.
- Where cause exists, the Board may terminate this contract, provided that the employee has been informed in writing of the cause or causes for discharge and has been given an opportunity to respond to them prior to final termination. Failure to request a hearing with the Board within seven days of delivery of the termination notice will waive the employee's right to such a hearing and the termination is final. Dismissal may be immediate or with longer notice in the sole discretion of Ocean City Christian School, depending upon the reason for dismissal.

Cause, as used herein includes, but is not limited to, any conduct tending to reflect discredit upon the school or upon the employee, or tending to seriously impair him/her continued usefulness as a Christian role model for the students. The Teacher's/Staff Handbook and the Policy and Procedures Manuals give full details regarding termination of the contract. It is understood that the school is not liable to reimburse any employee for any unused benefits in the fringe benefit package. Employees may not choose to receive cash in lieu of any benefit.

This contract will be valid only if signed and returned by September 6, 2002.

I have read and understand the duties, responsibilities, salary and benefits and will abide with the terms and conditions of this contract.

Judean S. Lora
Employee

Sept. 6, 2002
Date

We at Ocean City Christian School agree to be bound by the terms and conditions of this contract and extend our warmest welcome to you. We pledge our prayer support and help as you minister to the spiritual, mental and emotional needs of our students.

Charles Albert
Administrator

Sept. 6, 2002
Date

Robyn J. Talbot
Board Chairman

Sept. 6, 02
Date



STATE OF DELAWARE
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF STATE POLICE
P.O. BOX 430
DOVER, DELAWARE 19903-0430
302-739-2134

JOURDEAN LORAH
RT 5 BOX 150-318
FRANKFORD, DE 19945-

REDACTED

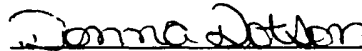
STATE BUREAU OF IDENTIFICATION

| | | | | | |
|------------|--------|-----------|--------|-----|----------|
| JOURDEAN | | LORAH | | | 00481444 |
| FIRST NAME | MIDDLE | LAST NAME | SUFFIX | DOB | SBI# |

**THIS IS TO CERTIFY THAT THE ABOVE NAMED SUBJECT
HAS NO DELAWARE CRIMINAL HISTORY**

I, THE UNDERSIGNED, A DESIGNEE OF THE DIRECTOR OF THE STATE BUREAU OF IDENTIFICATION, OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE DELAWARE CRIMINAL HISTORY RECORD INFORMATION OF THE ABOVE NAMED INDIVIDUAL AS IT APPEARS IN THE STATE BUREAU OF IDENTIFICATION.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY HAND AND OFFICIAL SEAL OF THE STATE BUREAU OF IDENTIFICATION AT DOVER, KENT COUNTY, DELAWARE.


Signature

April 12, 2002



This recognizes that
Jourdean Lorah

has completed the requirements for
Adult and Child CPR

conducted by
NATIONAL CAPITAL CHAPTER

Date completed **07/16/2001**

The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.



This recognizes that
Jourdean Lorah

has completed the requirements for
Standard First Aid

conducted by
NATIONAL CAPITAL CHAPTER

Date completed **07/16/2001**

The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.

Form W-4 (2001)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2001 expires February 18, 2002.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer (or zero) allowances.**

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, **How Do I Adjust My Tax Withholding?** for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends,

consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2001. Get Pub. 919 especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

| | | | |
|---|---|----------|----------------------|
| A | Enter "1" for yourself if no one else can claim you as a dependent | A | <u>1</u> |
| B | Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. | B | <u> </u> |
| C | Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (Entering -0- may help you avoid having too little tax withheld.) | C | <u> </u> |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D | <u> </u> |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E | <u> </u> |
| F | Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit | F | <u> </u> |
| (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) | | | |
| G | Child Tax Credit (including additional child tax credit): | | |
| | • If your total income will be between \$18,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child. | | |
| | • If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children. | | G <u> </u> |
| H | Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶ | | H <u>1</u> |
| | For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single, have more than one job and your combined earnings from all jobs exceed \$35,000, or if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$60,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. | | |

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

| | | | | |
|--|--|--|--|--|
| Form W-4 Department of the Treasury Internal Revenue Service | | Employee's Withholding Allowance Certificate ▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2. | | OMB No. 1545-0010 2001 |
| 1 Type or print your first name and middle initial <u>LOURDEAN S.</u> | | Last name <u>LORAH</u> | | 2 Your social security number <u> </u> |
| Home address (number and street or rural route) <u>ROUTE 5 BOX 150-318</u> | | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</small> | | |
| City or town, state, and ZIP code <u>FRANKFORD, DEL. 19945</u> | | 4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/> | | |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | | 5 | | <u>1</u> |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 | | \$ <u> </u> |
| 7 I claim exemption from withholding for 2001, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ | | 7 | | <u> </u> |
| Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status. | | | | |
| Employee's signature (Form is not valid unless you sign it.) ▶ <u>LOURDEAN LORAH</u> | | Date ▶ <u>SEPTEMBER 9, 2002</u> | | |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) <u>Ocean City Christian Ocean City MD</u> <u>12637 A Ocean Gateway 21842</u> | | 9 Office code (optional) | 10 Employer identification number <u>52 1205140</u> | |

Cat. No. 10220Q

OCS-D-0020

Deductions and Adjustments Worksheet**Note:** Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2001 tax return.

1 Enter an estimate of your 2001 itemized deductions. These include qualifying home mortgage interest; charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2001, you may have to reduce your itemized deductions if your income is over \$132,950 (\$66,475 if married filing separately). See **Worksheet 3** in Pub. 919 for details.) 1 \$ _____

2 Enter: $\left\{ \begin{array}{l} \$7,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$6,650 \text{ if head of household} \\ \$4,550 \text{ if single} \\ \$3,800 \text{ if married filing separately} \end{array} \right\}$ 2 \$ _____

3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter -0- 3 \$ _____

4 Enter an estimate of your 2001 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____

5 Add lines 3 and 4 and enter the total (Include any amount for credits from **Worksheet 7** in Pub. 919.) 5 \$ _____

6 Enter an estimate of your 2001 nonwage income (such as dividends or interest) 6 \$ _____

7 Subtract line 6 from line 5. Enter the result, but not less than -0- 7 \$ _____

8 Divide the amount on line 7 by \$3,000 and enter the result here. Drop any fraction 8 _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____

10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earner/Two-Job Worksheet**Note:** Use this worksheet only if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____

2 Find the number in **Table 1** below that applies to the lowest paying job and enter it here 2 _____

3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 _____

Note: If line 1 is less than line 2, enter -0- on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year end tax bill.

4 Enter the number from line 2 of this worksheet 4 _____

5 Enter the number from line 1 of this worksheet 5 _____

6 Subtract line 5 from line 4 6 _____

7 Find the amount in **Table 2** below that applies to the highest paying job and enter it here 7 \$ _____

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____

9 Divide line 8 by the number of pay periods remaining in 2001. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2000. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1: Two-Earner/Two-Job Worksheet

| Married Filing Jointly | | | | All Others | | | |
|--------------------------------------|-----------------------|--------------------------------------|-----------------------|--------------------------------------|-----------------------|--------------------------------------|-----------------------|
| If wages from LOWEST paying job are— | Enter on line 2 above | If wages from LOWEST paying job are— | Enter on line 2 above | If wages from LOWEST paying job are— | Enter on line 2 above | If wages from LOWEST paying job are— | Enter on line 2 above |
| \$0 - \$4,000 | 0 | 42,001 - 47,000 | 8 | \$0 - \$6,000 | 0 | 65,001 - 80,000 | 8 |
| 4,001 - 8,000 | 1 | 47,001 - 55,000 | 9 | 6,001 - 12,000 | 1 | 80,001 - 105,000 | 9 |
| 8,001 - 14,000 | 2 | 55,001 - 65,000 | 10 | 12,001 - 17,000 | 2 | 105,001 and over | 10 |
| 14,001 - 19,000 | 3 | 65,001 - 70,000 | 11 | 17,001 - 22,000 | 3 | | |
| 19,001 - 25,000 | 4 | 70,001 - 90,000 | 12 | 22,001 - 28,000 | 4 | | |
| 25,001 - 32,000 | 5 | 90,001 - 105,000 | 13 | 28,001 - 40,000 | 5 | | |
| 32,001 - 38,000 | 6 | 105,001 - 115,000 | 14 | 40,001 - 50,000 | 6 | | |
| 38,001 - 42,000 | 7 | 115,001 and over | 15 | 50,001 - 65,000 | 7 | | |

Table 2: Two-Earner/Two-Job Worksheet

| Married Filing Jointly | | All Others | |
|---------------------------------------|-----------------------|---------------------------------------|-----------------------|
| If wages from HIGHEST paying job are— | Enter on line 7 above | If wages from HIGHEST paying job are— | Enter on line 7 above |
| \$0 - \$50,000 | \$440 | \$0 - \$30,000 | \$440 |
| 50,001 - 100,000 | 800 | 30,001 - 60,000 | 800 |
| 100,001 - 130,000 | 900 | 60,001 - 120,000 | 900 |
| 130,001 - 250,000 | 1,000 | 120,001 - 270,000 | 1,000 |
| 250,001 and over | 1,100 | 270,001 and over | 1,100 |

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB

control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 46 min.; **Learning about the law or the form**, 13 min.; **Preparing the form**, 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the tax form to this address. Instead, give it to your employer.

Form
MW 507**Employee's Maryland Withholding Exemption Certificate**

Comptroller of the Treasury • Revenue Administration Division • Annapolis, Maryland 21411 • Phone 410-260-7980

| | |
|--|--|
| Print your full name <u>LOURDEAN SARAH LORAH</u> | Your Social Security number |
| Address (including ZIP code) <u>ROUTE 5 Box 150-318</u> <u>FRANKFORD, DEL. 19945</u> | County of residence (or Baltimore City) <u>SUBSEX</u> |

1. Total number of exemptions you are claiming from worksheet below 1
2. Additional withholding per pay period under agreement with employer 2

3. I claim exemption from withholding because (see instructions below and check boxes that apply)

- ☒ a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld,
AND
- ☒ b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirement.)

If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here 3

4. Certification of Nonresidence in the state of Maryland (see instructions on reverse side.) I certify that I am not domiciled in the state of Maryland, and that I do not maintain a place of abode within Maryland. I further certify that my permanent residence is:

FRANKFORD SUBSEX DEL. Enter "EXEMPT" here 4
City, town or post office address County State

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or line 4, whichever applies.

Employee's signature Jourdean S. Lorah Date SEPT. 9, 2002

| | |
|--|---|
| Employer's Name and Address (including zip code) (For employer use only) <u>Ocean City Christian School Ocean City</u> <u>12632 A Ocean Gateway MD 21842</u> | Employer Identification Number <u>52-1205140</u> |
|--|---|

Worksheet and instructions**Line 1**

- A. Number of personal exemptions (total exemptions on lines A, C and D of the federal W-4 or W-4A worksheet). 1
- B. Number of additional exemptions for dependents over 65 years of age. _____
- C. Number of additional exemptions for estimated itemized deductions, alimony payments, allowable child care expenses, qualified retirement contributions, business losses and employee business expenses for the year. _____
- D. Number of additional exemptions for taxpayer and/or spouse at least 65 years of age and/or blind. _____
- E. Total - add lines A through D and enter here and on line 1 (Form MW 507). _____

EXEMPTIONS FOR DEPENDENTS To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding taxable year.

ADDITIONAL EXEMPTIONS FOR DEPENDENTS OVER 65 YEARS OF AGE An additional exemption is allowed for dependents who are 65 years of age or older.

ADDITIONAL EXEMPTIONS You may claim additional exemptions for estimated itemized deductions, alimony payments, allowable child care expenses, qualified retirement contributions, business losses and employee business expenses for the year. One additional withholding exemption is permitted for each \$1,850 of estimated itemized deductions or adjustments to income that exceed the standard deduction allowance.

NOTE: Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,500 and a maximum of \$2,000 for each taxpayer.

REDACTED

ADDITIONAL EXEMPTIONS FOR TAXPAYER AND/OR SPOUSE An additional \$1,000 may be claimed if the taxpayer and/or spouse is at least 65 years of age and/or blind on the last day of the taxable year.

Line 2

ADDITIONAL WITHHOLDING PER PAY PERIOD UNDER AGREEMENT WITH EMPLOYER If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

FEDERAL PRIVACY ACT INFORMATION Social security numbers must be included. The mandatory disclosure of your social security number is authorized by the provisions set forth in the Tax-General Article of the Annotated Code of Maryland. Such numbers are used primarily to administer and enforce the individual income tax laws and to exchange income tax information with the Internal Revenue Service, other states and other tax officials of this state. Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having statutory right to obtain it.

DUTIES AND RESPONSIBILITIES OF EMPLOYER Retain this certificate with your records. You are required to submit a copy of this certificate to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

1. You have any reason to believe this certificate is incorrect,
2. the employee claims more than 14 exemptions,
3. employee claims exemptions from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week or
4. employee claims exemptions from withholding on the basis of nonresidence.

Upon receipt of any exemption certificate (Form MW 507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the comptroller, the employer must send any new certificate from the employee to the comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

DUTIES AND RESPONSIBILITIES OF EMPLOYEE If, on any day during the calendar year, the number of withholding exemptions which the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee shall file a new withholding exemption certificate with the employer within 10 days after the change occurs.

Line 3

WHO MAY CLAIM EXEMPTION FROM WITHHOLDING OF INCOME TAX You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- a. last year you did not owe any Maryland income tax and had a right to a full refund of any tax withheld; and
- b. this year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld. If you are eligible to claim this exemption, your employer will not withhold Maryland income tax from your wages.

STUDENTS AND SEASONAL EMPLOYEES whose annual income will be below the minimum filing requirement should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

Line 4

CERTIFICATION OF NONRESIDENCE IN THE STATE OF MARYLAND This line is to be completed only by persons employed in Maryland who are not domiciled within Maryland, and who do not maintain a place of abode within the state but who are residents of the District of Columbia, Pennsylvania, Virginia or West Virginia.

Line 4 is not to be used by nonresidents working in Maryland who are residents of any state not listed above, because such persons are liable for Maryland income tax, and withholding from their wages is required.

Generally, line 4 is to be used by those who reside within one of the states listed above and commute to work in Maryland. The maintenance of a place of abode in Maryland for more than six months of the taxable year makes you a statutory resident of Maryland and requires you to file a resident return with Maryland and apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law.

If the status of the employee changes from nonresident to resident during the year, the employee will be subject to Maryland income tax from the date residence was established, and withholding of Maryland income tax will be required of the employer. The employee should notify the employer when such a change of residence takes place.

REDACTED

[The next page is 40,065.]

MARYLAND NEW HIRE REGISTRY

Reporting Form

- Please Write All Entries in CAPS
- PRINT Legibly in Ink, or Type All Entries

- All Required Items **MUST** Be Completed
- Further Instruction on Reverse Side

EMPLOYER INFORMATION

| | | | | |
|-----------------------------|----------------------------------|--|-------------------------------------|-------------|
| REQUIRED INFORMATION | 1. Unemployment Insurance Number | | 2. Federal Employer ID Number (EIN) | |
| | 3. Employer's Name | | | |
| | 4. Employer's Address | | | |
| | 5. Employer's City | | 6. State | 7. Zip Code |
| | 8. Employer's Telephone () - | | 9. Employer's Fax () - | |
| 10. New Hire Contact Person | | | | |

EMPLOYEE INFORMATION

| | | | | | | | |
|---|-----------------------------------|---|-------------------------------------|--|-------|-----------------|-----------------|
| REQUIRED INFORMATION | 11. Social Security Number (SSN): | | 12. First Date of Work (Mon/Day/Yr) | | Month | Day | Year (4 digits) |
| | | | 9/5/02 | | 09 | 05 | 2002 |
| | 13. Employee's First Name | | | | | | |
| | JOURDEAN | | | | | | |
| | 14. Employee's Middle Name | | | | | | |
| | SARAH | | | | | | |
| | 15. Employee's Last Name | | | | | | |
| | LORAH | | | | | | |
| 16. Suffix (if applicable) | | | | | | | |
| | | | | | | | |
| 17. Employee's Home Address | | | | | | | |
| ROUTE 5 BOX 1150-318 | | | | | | | |
| FRANKFORD | | | | | | | |
| 18. Employee's City | | 19. State | | 20. Zip Code | | | |
| FRANKFORD | | DE | | 119945 | | | |
| 21. Sex of Employee (Check One) | | 22. Employee's Date of Birth (Mon/Day/Yr) | | Month | Day | Year (4 digits) | |
| <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | | | | | | | |
| 23. Employee Salary (\$ and cents) | | Dollars | Cents | 24. Are health care benefits available to employees? (Check One) | | | |
| 112000 | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 25. Salary Rate (Check One) | | <input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Biweekly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly | | | | | |

Employer submits within 20 calendar days of new employee's first day of work to:

REDACTED

Maryland New Hire Registry
 P.O. Box 1316
 Baltimore, MD 21203-1316
 FAX (410) 347-5993 or (888) 657-3534

OCS-D-0024

INSTRUCTIONS FOR THE MARYLAND NEW HIRE REGISTRY FORM

INTRODUCTION: The purpose of the New Hire Reporting Form is to allow employers and employees to fulfill the new hire reporting requirements. The Registry Form is divided into two parts. Part A is the Employer Information to be completed by the employer. Part B, the Employee Information is to be completed by employer or the employee.

This is your **ORIGINAL**. For ease of use, the Registry suggests the Employer information be entered and then a supply photocopied.

IMPORTANT: All required items (numbers 1,2,3,4,5,6,7,11,12,13,14,15,17,18,19,20) on this form must have the information requested to be complete. Please **PRINT** legibly in ink or type. Please do not use red ink if submitted by facsimile.

REPORTING: Information on this form is to be submitted to the Maryland New Hire Registry within 20 calendar days of the employee's first day of work.

While most of the information requested is self-explanatory, the following is provided as clarification:

Box 1, Unemployment Insurance Number. This is the 10-digit number issued by the Maryland Department of Labor, Licensing and Regulation (DLLR) used for unemployment insurance taxes and wage reporting.

Box 2, Federal Employer ID Number. This is the 9-digit Federal Employer Identification Number (FEIN) assigned to the employer. This is the same number used for federal tax reporting.

Box 4, Employer Address. This is the employer's actual mailing address where information should be sent.

Box 10, New Hire Contact Person. This optional element facilitates communication between the employer and the New Hire Registry, if needed.

Box 12, First Date of Work. This date is required and should be stated in month, day and year order. Fill out 4 digits for year (e.g. 1997).

Box 22, Birthdate. This date is optional and should be stated in month, day, and year order. Fill out 4 digits for year (e.g. 1997).

Box 23, Employee Salary. Enter exact wages in dollars and cents. This should correspond to Box 25, Salary Rate (as examples: \$6.50 hourly; \$400 weekly; \$31,000 yearly).

Box 25, Salary Rate (check one). Check the appropriate box for how the salary rate is determined. Check bi-weekly if salary rate is determined by 26 pay periods. Check semi-monthly if salary rate is based on 24 pay periods. One-time salary should be shown as yearly.

SUBMISSION OF NEW HIRE REPORTS: As listed below, the New Hire Registry offers a variety of methods employers can use to submit New Hire Employment Reports. You may choose the method which is most convenient for you. For further information on these methods, call 1-(888)634-4737. We encourage employers to keep a photocopy or electronic record of all submissions.

- FAX completed forms to (410) 347-5993 or (888) 657-3534
- Mail - Forward the completed form to:

Maryland New Hire Registry
P.O. Box 1316
Baltimore, MD 21203-1316

- Magnetic media (reels, cartridge tapes, floppy disks) should be sent to:

Maryland New Hire Registry
200 North Howard Street
Baltimore, MD 21201

- Automated telephonic submissions can be made 24 hours a day, 7 days a week by calling 1-(888) MDHIRES or (410) 347-9911 to report the information
- Internet submissions can be made at <http://www.mdnewhire.com> (anticipated Fall 1997)
- E-mail submissions can be made at LMIMS.BA@IX.netcom.com
- Pre-formatted diskettes are available for employers hiring large numbers of employees by calling 1-(888) MDHIRES or (410) 347-9911

Employers must provide all of the required information within 20 calendar days
of the employee's first day of work to be in compliance.

REDACTED

REDACTED

U.S. Department of Justice
Immigration and
Naturalization Service
OMB No. 1115-0136

Employment Eligibility Verification

I-9

Please read Instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

| | | | |
|--|--------------------------|-----------------------------|---|
| Print Name: Last LORAH | First JOURDEAN | Middle Initial S. | Maiden Name THE SAME |
| Address (Street Name and Number) ROUTE 5 BOX 150-318 | | Apt. # | Date of Birth (month/day/year) JANUARY 27, 1959 |
| City FRANKFORD | State DEL. | Zip Code 19945 | Social Security # |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☒ A citizen or national of the United States

☐ A Lawful Permanent Resident (Alien # A _____)

☐ An alien authorized to work until ____/____/____

(Alien # or Admission # _____)

Employee's Signature

Jourdean S. Lorah

Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

| List A | OR | List B | AND | List C |
|--|----|----------------|-----|----------------|
| Document title: _____ | | _____ | | _____ |
| Issuing authority: _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): ____/____/____ | | ____/____/____ | | ____/____/____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): ____/____/____ | | ____/____/____ | | ____/____/____ |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

| | | |
|--|---|-----------------------|
| Signature of Employer or Authorized Representative | Print Name | Title |
| Business or Organization Name | Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year) |

Section 3. Updating and Reverification. To be completed and signed by employer

| | |
|--|--|
| A. New Name (if applicable) | B. Date of rehire (month/day/year) (if applicable) |
| C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. | |
| Document Title: _____ | Document #: _____ |
| Expiration Date (if any): ____/____/____ | |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual. | |
| Signature of Employer or Authorized Representative | Date (month/day/year) |

REDACTED**Lists of Acceptable Documents****List A****List B****List C****Documents that Establish Both
Identity and Employment
Eligibility**

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (*INS Form N-560 or N-561*)
3. Certificate of Naturalization (*INS Form N-550 or N-570*)
4. Unexpired foreign passport, with *I-551* stamp or attached *INS Form I-94* indicating unexpired employment authorization
5. Alien Registration Receipt Card with photograph (*INS Form I-151 or I-551*)
6. Unexpired Temporary Resident Card (*INS Form I-688*)
7. Unexpired Employment Authorization Card (*INS Form I-688A*)
8. Unexpired Reentry Permit (*INS Form I-327*)
9. Unexpired Refugee Travel Document (*INS Form I-571*)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (*INS Form I-688B*)

OR**Documents that Establish
Identity**

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
 2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
 3. School ID card with a photograph
 4. Voter's registration card
 5. U.S. Military card or draft record
 6. Military dependent's ID card
 7. U.S. Coast Guard Merchant Mariner Card
 8. Native American tribal document
 9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above:**
10. School record or report card
 11. Clinic, doctor, or hospital record
 12. Day-care or nursery school record

AND**Documents that Establish
Employment Eligibility**

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (*Form FS-545 or Form DS-1350*)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (*INS Form I-197*)
6. ID Card for use of Resident Citizen in the United States (*INS Form I-179*)
7. Unexpired employment authorization document issued by the INS (other than those listed under List A)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

The First State
DRIVERS LICENSE
CLASS D

Delaware

LAST-FIRST-MI
LORAH JOURDEAN SARAH
RT 5 BOX 150-318
28 CAROLINA RD
FRANKFORD, DE 19945

BIRTHDATE SEX HGT WGT EYES
F 5 01 130 BLU

ISSUED 06/04/2002 EXPIRES 01-27-2007
RESTRICTIONS ENDORSEMENTS

DIRECTOR
GAIL D. STELLER

Jourdean Sarah

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR
JOURDEAN SARAH LORAH

Jourdean S. Lora
SIGNATURE

REDACTED

12255 Fair Lakes Parkway
Fairfax, Virginia 22033-3952
703.934.5700



TO WHOM IT MAY CONCERN:

Lorah, Jourdean (PPD) CHEST XRAY
COMPLETED ON 8/27/01, WAS RETURNED
WITH 6 mm indurated RESULTS.

SINCERELY,

Aurelia Jell, RN

August 15, 1997

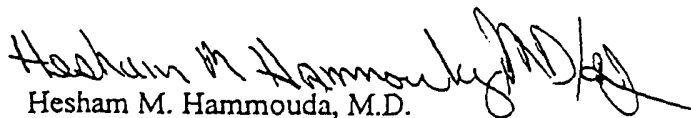
To Whom It May Concern:

RE: Jourdean Lorah

This letter is written as per the request of Ms. Lorah, who will be working as a teacher, to attest to the fact that she is free from any communicable disease that could be transmitted to the children.

If you have any further questions please contact me at the above number.

Sincerely,


Hesham M. Hammouda, M.D.

| | | |
|---|------------------------------|--|
| NAME <u>CHRISTIAN LORAN</u> | | SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F |
| PARENT'S NAME (if minor) (302) <u>539-8773</u> SS ID No. <u>FRANKFORD</u> | | |
| ADDRESS <u>Route 25 Box 150-38</u> <u>FRANKFORD</u> | | |
| BIRTHDAY <u>1-1</u> | BIRTHPLACE <u>WASH. D.C.</u> | |
| PLACE OF EMPLOYMENT <u>CCC</u> | | |
| RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> OTHER <input type="checkbox"/> | | |
| ETHNIC ORIGIN <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> | | |
| PROVIDER <u>LAKE HEALTH</u> DATE <u>9-13-02</u> | | |

| DELAWARE DIVISION OF PUBLIC HEALTH INTRACUTANEOUS SKIN TEST | | |
|--|---|---------------------------|
| REASON FOR TEST: <input type="checkbox"/> Case Contact <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Child Health <input type="checkbox"/> Other | TYPE OF TEST: <u>PPD/MANTOUX</u> MONOVACC | RESULT: <u>0</u> MM |
| TEST TO BE READ BY: <input type="checkbox"/> Health Unit <input type="checkbox"/> School <input type="checkbox"/> M.D. <input type="checkbox"/> Other | DATE: <u>9-16-02</u> | |
| TEST READ BY: <u>J. M. White, R.D.</u> | DATE: <u>9-16-02</u> | |
| CALL RESULTS TO: _____ | | |

CH-186 DOC. 35/05/20/93/09/07

REDACTED

Teacher Interview Questions

Teacher's Name

Lorah Jourd'ean

Date

11/21/01

- A. Introduce those on the interview team
 B. Open in prayer
 C. Ask questions

1) Describe your relationship with the Lord Jesus Christ -- past and present.

✓ 2) Why did you become a teacher? Why do you want to teach in a Christian school?

✓ 3) Express your philosophy of education. What is the goal of education?

✓ 4) Describe your philosophy and plan for classroom discipline and management.

TRolesStudent understanding

D. Other possible questions:

✓ 1) Describe you plan for reading instruction. How can children be motivated to read?

✓ 2) Relate how you have dealt with personal conflicts with other teachers, parents, and/or students.

✓ 3) Express your personal plan for professional development.

E. Comments

Educationally sound
 Methodology is strong
 Classroom set up is also strong
 Charisma well developed

James
 Basics to London
 Shite

Your Name

P. W. [Signature]

List names of others on your team.

Dave Quellan

Process of Homework

Interactive approach!

Interview

Name JovvDeaw S LORah Position applying for Elementary

1. Outstanding 2. Above Average 3. Average 4. Below Average

| | 1 | 2 | 3 | 4 |
|------------------------------------|---|---|---|---|
| 1. Resume | 0 | 0 | 0 | 0 |
| 2. Experience | 0 | 0 | 0 | 0 |
| 3. Knowledge of subject matter | 0 | 0 | 0 | 0 |
| 4. Knowledge of Bible | 0 | 0 | 0 | 0 |
| 5. Knowledge of teaching skills | 0 | 0 | 0 | 0 |
| 6. Classroom management techniques | 0 | 0 | 0 | 0 |
| 7. Verbal Skills | 0 | 0 | 0 | 0 |
| 8. Enthusiasm | 0 | 0 | 0 | 0 |
| 9. Attitude | 0 | 0 | 0 | 0 |
| 10. Initiative | 0 | 0 | 0 | 0 |
| 11. Concern for children | 0 | 0 | 0 | 0 |
| 12. Professional commitment | 0 | 0 | 0 | 0 |

Ocean City CHRISTIAN SCHOOL

Training Up "Fishers Of Men"

-Matthew 4:19

10037 Golf Course Road
Ocean City, Maryland 21842

410-213-7595 • Fax: 410-213-8001

E-Mail: occhristianschool@juno.com



Pastor: Terry L. Davis
Administrator: Charles W. Albert

Teacher Application

Application Date: Nov. 9, 2001

Date Available: ANYTIME

Your interest in Ocean City Christian School is appreciated. We invite you to fill out this initial application and return it to our school office. If an opening occurs for which it appears you may qualify, we will request that you have your placement file forwarded to our office. We will also contact your references. If there is continued interest in your candidacy, we will send you some follow up questions and arrange for a personal interview.

We realize that the key to a successful Christian School is its staff. We are grateful for those who are professionally qualified, who really love children, and who, by the pattern of their lives, exemplify Christ. It is our prayer that God will fulfill His perfect will in the lives of all applicants.

A. Applicant's Name and Address

Full Name:

Mr./Miss/Mrs./Dr./Rev. (Circle one) LOURDEAN S. LORAH
First Mid. Initial Last

Present Address ROUTE 5 BOX 150-318
FRANKFORD, DELAWARE Zip Code 19945

Phone: Daytime 539-0518 Evening _____

How long have you lived at the above address? APPROX. 1 MONTH

B. Personal Information - Optional

Birthday: _____ / Social Security Number: _____

Marital Status: ☐ Married ☐ Divorced ☒ Single ☐ Engaged ☐ Separated ☐ Remarried ☐ Widowed
Please attach explanation if divorced or remarried.

If married: Spouse's name _____

Occupation _____

Years married _____ Number of children _____

Do you smoke? ☐ Yes ☒ No Do you drink? ☐ Yes ☒ No

What was your most recent salary? 26,000.00

Are you currently under contract for the ensuing year? ☐ Yes ☒ No

REDACTED

C. Position Desired

Preference () Kindergarten (☒) Middle School } SPECIAL SUBJECTS
 (☒) Elementary (☒) High School } HISTORY, ENGLISH, LANGUAGE ARTS
 Favorite subject to teach? LANGUAGE ARTS / ART ART, HOME EC. (TECH. AREAS - ARCH.
 Subjects taught in the past: ALL ACADEMIC (NO: COMPUTER, MUSIC, DESIGN)
 () Part time (☒) Full time FOREIGN LANGUAGE)

Future Plans What would you like to be doing in 5 years from now? WORKING FULL TIME WITH A
SALARY AND BENEFITS.

Special Abilities Please list activities or sports that you would be capable of and willing to direct, sponsor, advise, or coach.
 (Indicate grade or ability levels.) ART, ARCHERY (UPPER ELEMENTARY, MIDDLE
AND HIGH SCHOOL)

D. Christian Background

ON A SEPARATE SHEET OF PAPER BRIEFLY GIVE YOUR CHRISTIAN TESTIMONY.

Statement of Faith Please read carefully our Statement of Faith and indicate below your degree of support.
 (☒) I fully support the Statement as written without mental reservations. Initial J.L.
 (☒) I support the Statement except for the area(s) listed and explained on a separate paper. The exceptions
 represent either disagreements or items for which I have not yet formed an opinion or conviction.
 Initial J.L.

Church Denominational preference? LUTHERAN

What is your local church affiliation? I JUST MOVED HERE (NO CHURCH AFFILIATION

Are you presently a member in good standing? NO Years? 0 THIS TIME)

Service In what Church activities are you involved and with what degree of regularity? NONE - JUST MOVED HERE

What other Christian service have you done since becoming a Christian? PART TIME - ART TEACHER

CHRISTIAN FELLOWSHIP, VOLUNTEER SERVICES FOR CHILDREN, TEENS
AND YOUNG ADULTS WHO HAVE DISABILITIES, AND SERVICES FOR THE ELDERLY.

What is your attitude toward working with those of other races and those of other denominational beliefs?

I ENJOY WORKING WITH A DIVERSE CULTURAL GROUP OF PEOPLE.

Are you capable of teaching a Bible class? _____ If yes, what would be your subject preferences?

POSSIBLY, I HAVE TAUGHT THE ABECCA CHRISTIAN CURRICULUM
ALL PLANNING IS WRITTEN WITH THEOLOGY AS THE BASIS FOR TEACHING.

To what extent should a Christian school teacher become involved in Sunday or other weekday ministries of the sponsoring
 church or the church of which you are a member? I DO NOT ATTEND CHURCH ON A WEEKLY
BASIS. MY WORK IS EXTENSIVE AND I SPEND A LOT OF TIME
PLANNING AND CREATING SPECIAL PROJECTS FOR MY CLASS.

Describe your routine of personal Bible study and prayer. I READ AND PRAY DAILY.
I OFTEN READ AND USE THE BOOK CALLED BIBLE TRUTHS. (GIVEN TO ME FROM A CHURCH DIRECTOR)

What books have you read recently that have helped you spiritually? THE BIBLE STUDY BOOK. IT IS
A REFERENCE BOOK OF THE HISTORY OF CHRIST. IT INCLUDES
STORIES AND THE PEOPLE OF 2 THE BIBLE.

Statement of Faith

We Believe:

1. In the divine inspiration, infallibility and final authority of the Bible as the Word of God.
2. In One God, the Creator and sustainer of the universe, eternally existent in three persons: Father, Son and Holy Spirit.
3. In the uniqueness of man, by virtue of his special creation in God's image and his responsibility to understand and master the world to the glory of God.
4. The unique deity of the Lord Jesus Christ, the incarnate, Virgin-born Son of God.
5. In the representative and substitutionary death of our Lord Jesus Christ as the necessary atonement for our sins.
6. In the power of the Holy Spirit in the work of regeneration, and His continuing work in the heart of the believer.
7. In the resurrection of the crucified body of our Lord and that blessed hope, His personal return.
8. In the bodily resurrection of the just and the unjust, the everlasting blessedness of the saved and the everlasting punishment of the lost.
9. In the spiritual unity of believers in our Lord Jesus Christ.
10. In the heterosexual marriage relationship as the only God-ordained family system.

Statement of Faith

We Believe:

1. In the divine inspiration, infallibility and final authority of the Bible as the Word of God.
2. In One God, the Creator and sustainer of the universe, eternally existent in three persons: Father, Son and Holy Spirit.
3. In the uniqueness of man, by virtue of his special creation in God's image and his responsibility to understand and master the world to the glory of God.
4. The unique deity of the Lord Jesus Christ, the incarnate, Virgin-born Son of God.
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6. In the power of the Holy Spirit in the work of regeneration, and His continuing work in the heart of the believer.
7. In the resurrection of the crucified body of our Lord and that blessed hope, His personal return.
8. In the bodily resurrection of the just and the unjust, the everlasting blessedness of the saved and the everlasting punishment of the lost.
9. In the spiritual unity of believers in our Lord Jesus Christ.
10. In the heterosexual marriage relationship as the only God-ordained family system.

E. Professional Qualifications

PLEASE ATTACH **PHOTOCOPIES** OF ALL YOUR COLLEGE TRANSCRIPTS. (Should you be offered a position, official copies of your transcripts will be required to be submitted for inclusion in your personal file.)

Formal What degree or degrees do you hold? ASSOCIATES DEGREE IN SCIENCE

Training Degree _____ Date rec'd _____ Issuing Institution _____

Your major(s) GENERAL STUDIES

Your minor(s) LIBERAL ARTS

Cumulative grade point average: BA _____ Graduate work 141 CREDITS

Total _____ Units after date of Bachelor's degree

Teaching Sequentially list your teaching experience with most recent first.

| Experience | Place | Grades/Subjects | Dates |
|------------|--|--------------------|---------------------|
| | DEPT. OF COMMUNITY & RECREATION SERVICES | TEENS/YOUNG ADULTS | JULY '01 - AUG. '01 |

| | | | |
|--|-----------------------|--------------------|--------------------|
| | F.C.P.S. - SUBSTITUTE | ELE, MIDDLE & HIGH | JAN. 01 - JUNE '01 |
|--|-----------------------|--------------------|--------------------|

| | | | |
|--|----------------------|-----------|---------------------|
| | CHESTERBROOK ACADEMY | 4TH GRADE | SEPT. 00 - JAN. '01 |
|--|----------------------|-----------|---------------------|

| | | | |
|--|-------------------------|-----------|----------------------|
| | FAIRFAX BREWSTER SCHOOL | 4TH GRADE | SEPT. '99 - JUNE '00 |
|--|-------------------------|-----------|----------------------|

Number of years teaching experience: Public 6 Christian 3 YRS OF THE 6 YRS.

What Christian or secular curriculums are you familiar with? (i.e., ACE, A Beka, Bob Jones, Open Court, D.C. Health, Houghton Mifflin, etc?)

A BEKA CHRISTIAN CURRICULUM, HOUGHTON MIFFLIN, SCHOLASTIC

Any preferences in curriculum? NO

Reason for leaving most recent position TEMPORARY SUMMER POSITION ONLY.

Are you under contract for the coming year? NO

Other List other work or military experiences that may have significance for the type of position for which you are applying. (Please give dates also).

List any other educational advantages that you have had including opportunities for travel.

I AM VERY FLEXIBLE AND I AM VERY CREATIVE. MY

DIVERSE BACKGROUND IN ART GIVES ME A DIRECT AND SUBTLE APPROACH IN COMMUNICATION AND THE VARIOUS CULTURES IN OUR SOCIETY.

List any books or articles that you have read recently that have helped you grow professionally.
BIBLE TRUTHS, THE BIBLE BOOK, THE CHURCH IN HISTORY, THE
NORTON ANTHOLOGY IN ENGLISH LITERATURE

TRAVEL: ENGLAND, FRANCE AND ITALY.

Do you have an ASCI Teaching Certificate? NO

(SIX YEARS OF EXPERIENCE)

What level? _____ Remains valid for _____ years.

Do you have a State Teaching Certificate? NO What State? _____

What kind? _____ Remains valid for _____ years.

If you do not hold a certificate, what requirements do you lack?

MY EXPERIENCE AND PORTFOLIOS CAN BE WAIVERED TO MEET THE REQUIREMENTS THAT ARE CURRENTLY EXISTING FOR MY BA.
 * Please attach photocopies of any certificates held.

F. Personal References

You will need to sign the Reference Release Form that is attached and return it with this application. Do not list family members or relatives for references.

Give three references who are qualified to speak of your spiritual experience and Christian service. List your current pastor first. (NOT CURRENT)

| | | |
|--|--|----------------|
| 1. Name <u>PASTOR ALLMAN</u> | 2. Name <u>KATHY WEBSTER</u> | 3. Name _____ |
| Address <u>ASHBURN, VA.</u> | Address <u>5800 GLEN FOREST DR. FALLS CHURCH VA.</u> | Address _____ |
| Phone _____ | Phone _____ | Phone _____ |
| Position <u>ART TEACHER / P.T. PRE-K - FIRST</u> | Position <u>PRINCIPAL</u> | Position _____ |

Give three references who are qualified to speak of your professional training and experience. List your current or most recent principal or supervisor first.

| | | |
|--|--|---|
| 1. Name <u>JACQUELINE STONE</u> | 2. Name <u>KATHY WEBSTER</u> | 3. Name <u>KATHY KAVALLLO</u> |
| Address <u>14205 B MORNING DOVE LA. CENTREVILLE, VA. 20121</u> | Address <u>5800 GLEN FOREST DR. FALLS CHURCH, VA</u> | Address <u>SPINDLE CT. CENTREVILLE, VA.</u> |
| Phone <u>703-815-6515</u> | Phone <u>(703) 820-2680</u> | Phone _____ |
| Position <u>TEACHER</u> | Position <u>PRINCIPAL</u> | Position <u>SUPERVISOR</u> |

G. Personal Philosophy

* On a separate paper please label and succinctly answer in one or two paragraphs each of the questions below.

- | | | | |
|-------|----|--|---|
| Short | A. | Why do you wish to teach in a Christian school? | } SEE THE SEPARATE PIECE OF PAPER ENCLOSED. |
| Essay | B. | What are the main characteristics that distinguish a Christian School? | |
| | C. | What do you consider to be the proper classroom atmosphere for learning? | |
| | D. | What is your philosophy of discipline. Attitude toward physical punishment? | |
| | E. | What areas do you feel are your strengths? Weaknesses? | |
| | F. | What do you believe about the origin of the earth and mankind? | |
| | G. | Please summarize any additional information that you would like to present regarding your candidacy for this position? | |

H. Religious & Educational Philosophy

Why do you wish to teach at Ocean City Christian School? I THINK I WOULD BE VERY BENEFICIAL WORKING WITH A GROUP OF PEOPLE IN A CHRISTIAN SCHOOL. I HAVE MANY SKILLS TO OFFER AND I AM VERY FLEXIBLE.

SEE
SEPARATE
PIECE
OF
PAPER

What are the main characteristics that distinguish a Christian school from a government school? _____

What do you consider to be the proper classroom atmosphere for learning? _____

What is your philosophy of discipline? Attitude toward physical punishment? _____

What areas do you feel are your strengths? Weakness? _____

What do you believe about the origin of the earth and mankind? _____

Briefly describe your philosophy of Christian Education: _____

I. Personal Interests

List memberships, offices, and honors obtained in High School or College.

HONOR- COLLEGE- CUM LAUDE

List hobbies and personal interests.

DRAWING, PAINTING, POTTERY, JEWELRY DESIGN, AND WINTER SPORTS -
I LOVE WORKING WITH CHILDREN, TEENS AND YOUNG ADULTS WHO HAVE
What periodicals do you read regularly? SPECIAL NEEDSLAW**J. Personal History**

Do you have any physical condition or handicap that may limit your ability to perform the job for which you are applying?

If so, please describe: NO. I HAVE A PHYSICAL DISABILITY REGARDING
MY KNEES (BIRTH DEFECT)Have you ever been convicted of a felony, or a misdemeanor which resulted in imprisonment? If so, what was the felony or misdemeanor? NO (PETTY MISDEMEANOR 1987, BUT NO CONVICTIONS)Have you ever been convicted of child abuse of any kind? If so, please describe: NO

K. Applicant's certification and agreement

I understand that Ocean City Christian School does not discriminate in its employment practices against any person because of sex, race, color, national, or ethnic origin, gender, or handicap. I further understand that any offer of employment is conditioned on the proof of legal authority to work in the U. S.

I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery of falsification of any statement or significant omission of fact during any phase of the hiring process may prevent me from being hired or if hired may subject me to immediate dismissal.

I authorize Ocean City Christian School to inquire about my work and personal history and to verify all data given in my application for employment, related papers, and my oral interviews. I authorize the release and giving of any information requested by Ocean City Christian School such as employment records, performance reviews, and personal references. I release any person, organization, or company from liability or damage which may result from furnishing the information requested. I further waive the right to ever personally view any references given to Ocean City Christian School.

I further certify that I have carefully read and do understand the above statements.

Jurdean Loral
Signature of Applicant

Nov. 14, 2001
Date

Authorization To Release Reference Information

I have made application for a position with Ocean City Christian School. I authorize Ocean City Christian School to inquire about my work and personal history and to verify all data given in my application for employment, related papers, and my oral interviews.

I authorize the release and giving of any information requested by Ocean City Christian School such as employment records, performance reviews, and personal references whether such information is favorable or unfavorable to me.

I release any person, organization, or company from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I further waive the right to ever personally view any references given to Ocean City Christian School.

I further certify that I have carefully read and do understand the above statements.

Applicant's Name - Print

Applicant's Signature

Date

Applicant's Social Security Number

APPLICATION

OCEAN CITY CHRISTIAN SCHOOL

D. CHRISTIAN TESTIMONY: CHRISTIAN BACKGROUND

TO BE ABLE TO WORK WITH DIFFERENT ETHNIC GROUPS, VARIOUS RELIGIOUS AFFILIATIONS AND PEOPLE OF DIFFERENT AGES THAT STRIVE TO INCREASE THEIR HUMAN POTENTIAL. PEACE CAN BE ACHIEVED THROUGH THE CHRISTIAN PRINCIPALS OF CARING, LOVE AND DEVOTION.

G. PERSONAL PHILOSOPHY A, B, C, D, E, F, & G

I ENJOY TEACHING IN A CHRISTIAN SCHOOL BECAUSE IT IS VERY IMPORTANT FOR CHILDREN TO UNDERSTAND RELIGION AND CULTURE. MANY OF THE MAIN CHARACTERISTICS THAT DISTINGUISH A CHRISTIAN SCHOOL ARE: RESPECT FOR ONE'S SELF AND OTHERS, CLEANLINESS, A QUIET PEACEFUL ATMOSPHERE AND THE WILLINGNESS TO HELP OTHERS IN NEED. A MISSION OF CARE, PEACE AND THE WILL TO REACH OUT TO ALL PEOPLE FROM DIFFERENT PARTS OF THE WORLD IS ESSENTIAL.

A QUIET CLASSROOM IS ALWAYS PRODUCTIVE. PEOPLE WORK, THINK AND FEEL MORE COMFORTABLE IN A PEACEFUL ENVIRONMENT. MY PHILOSOPHY OF DISCIPLINE IS FIRM, BUT NOT HARSH. I BELIEVE

IN FIVE BASIC RULES THAT SETS THE STANDARDS
FOR A PEACEFUL AND PRODUCTIVE ATMOSPHERE.
I DO NOT BELIEVE IN PHYSICAL PUNISHMENT.
PHYSICAL PUNISHMENT RESULTS IN ANGER
AND REBELLION.

ART IS DEFINITELY MY STRENGTH. I
HAVE EXCELLENT WRITING SKILLS AND I CAN
COMMUNICATE VERY WELL AT AN INTER-PERSONAL
LEVEL. AN ARTISTIC APPROACH CAN BE MORE
INTERESTING AND IT IS MORE CULTURAL IN A
DIVERSE WAY. PEOPLE NEED TO UNDERSTAND
THAT ART IS EMOTIONS, EXPRESSIONS AND
CULTURE. MY WEAKNESSES ARE ALGEBRA I & II.

I BELIEVE THE ORIGIN OF EARTH AND
MANKIND IS PURE, SIMPLE AND TRADITIONAL.
THE EARTH'S NATURAL RESOURCES ARE POWERFUL.
MANKIND IS TRADITIONAL VALUES WITH A
SIMPLISTIC APPROACH.

I THINK MY EXPERIENCES AND KNOWLEDGE
WOULD BE BENEFICIAL TO A GROUP OF PEOPLE
WORKING TOGETHER IN A CHRISTIAN SCHOOL.

302 (539-8773)

Jourdean Lorah
Route 5 Box 150-318
Frankford, Delaware 19945

September 2002

To Whom It May Concern,,

The following letter is concerning a full time teaching position or an early childhood educator. Presently, I have six years of teaching experience in elementary school, middle school and high school. This experience includes teaching in various Christian ministries under the Aibekka Christian curriculum. Extensive work has been with children, teens and young adults who have special needs. Those special needs include; ADD, LD, ED, mental retardation, autism and the physically handicapped. Summer contracts have consisted of therapeutic recreation and camps. My responsibilities were planning, directing and teaching various age groups different techniques in fine art. I was also responsible for training college students for future counseling positions.

My educational background includes; The Maryland College of Art & Design, The International Institute of Interior Design and Northern Virginia Community College. Currently, I have a degree in Science with a major in General Studies and a minor in Liberal Arts. Recently, I passed the state test in Delaware for special education. In addition to my credentials, I would be willing to attend classes at night to increase my knowledge of any position that is under consideration. Your cooperation to consider my resume is most appreciated.

Sincerely,


Jourdean Lorah

302-539-0518

Jourdean Sarah Lorah

Vital Statistics

13923 Big Yankee Lane
Centreville, Virginia 20121

703-631-9331

Objective

To become a full time all academic teacher in upper elementary schools. Special subjects such as; Life Skills, Art, Design, or Home Economics would be considered for middle school and high school.

Highlights

- Achieving goals and objectives through the facilitation of the child's needs and intellectual growth.
- Creating individual educational programs for the child that has special needs. Those special needs would include: LD, ADD, autism and ED.
- Creative planning of projects and visuals to aid the child's development.
- Involved in after school fine arts programs for the interest of the child.

Technical Skills

- Drafting of architectural plans, elevations and renderings.
- Surveying and engineering of residential land lots.
- Marketing for future prospective clients for consolidations, merges and expansions.
- Designing commercial and residential interiors for architectural and aesthetic needs.
- Teaching experience includes all academic in grades three through seven. Special subjects in middle school and high school.
- Teaching experience includes extensive work with children who have special needs.
- Contacted news directors for public service announcements.
- Edited film documentaries.

Confidential Resume - page two

Jourdean Sarah Lorah

Work Related Experience

- Lesson Planning - Planned lessons for all academics. Individual educational planning was also considered for children who have special needs. Those subjects included: Science, English, Language Arts, Math and History.
- Classroom Teaching - A meaningful and creative approach was taken to encourage the learning experience, participation and active involvement.
- Implementing a paced program to challenge students as they met their goals.
- Creating a quiet atmosphere for a nurtured environment.

Work History

- Counselor - Department of Community and Recreation Services/ July 2001 - August 2001
- Substitute Teacher - Fairfax County Public Schools/ January 2001 - June 2001
- Counselor and Director - Burgundy Farm Summer Day Camp/June 1999- August 1999
- Teacher - Fairfax Brewster School/September 1999 - June 2000
- Teacher - Fairfax County Public Schools/June 1999 - August 1999
- Teacher - Way of Faith Ministry/ September 1998- June 1999
- Teacher - Cloverlawn Academy/ September 1997- June 1998
- Teacher - Christian Fellowship/September 1996- June 1997

Credentials and Education

The Maryland College of Art and Design, Silver Spring, Maryland
The International Institute of Interior Design, Washington, D.C. G.P.A. 3.35
Northern Virginia Community College, Manassas, Virginia G.P.A. 3.25-3.45

Associates degree in Science with a major in General Studies

Other

Interests - Drawing, painting, pottery, jewelry design and winter sports.

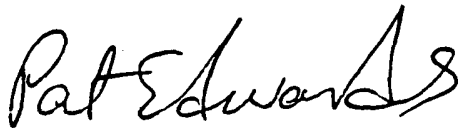
August 27, 1997

To Whom This May Concern:

Please consider this as a reference letter for Jourdean Lorah.

Jourdean came to work at Christian Fellowship School while I was administrator. She worked from February 1, 1997 through the end of the school year as our part time Art Teacher. She was always on time, very well organized and ready for the children. There were many times I had to call on her for extra Art time. She was a good team player. If the teachers went to her requesting a special art project, she would do her best to help. The children looked forward to Art time with Jourdean. If given the opportunity, I would like to have Jourdean back on my staff.

In His Service

A handwritten signature in black ink that reads "Pat Edwards". The signature is written in a cursive, flowing style with a large, stylized "S" at the end.

Pat Edwards

March 28, 2001

To Whom it May Concern:

This letter of recommendation for Ms. Jordean Lorah is based upon our very positive experience with her at Chesterbrook Academy. Ms. Lorah taught our son, Robert during the 2000 school year. Robert enjoyed Ms. Lorah's class very much and made great academic gains, largely attributable to her efforts and teaching style. We were disappointed when she left Chesterbrook and feel strongly that her new school will be very lucky to have her.

Robert has learning disabilities and attends Chesterbrook's LD classes. He becomes very anxious when asked to do certain academic tasks and was therefore very nervous about being mainstreamed for Science.

Ms. Lorah was instrumental in making her science class a very successful experience for Robert. She first created an environment where he felt safe and then pushed him in a supportive manner, setting very high academic standards. Robert blossomed with this combination. We were pleased and amazed when Robert met Ms. Lorah's academic expectations. Robert was equally pleased and amazed with himself and now has much more academic self-confidence.

A single teacher really can drastically affect a child's self-concept and motivation, for good or bad. We will remember Ms. Lorah as a teacher who had a profoundly positive influence on our son. If she is able to foster such great academic growth in a special-needs child, I can only imagine what she is able to do with regular education children. We strongly recommend her.

Sincerely,

Robert and Kerry Massie

Robert and Kerry Massie

Cloverlawn Academy

703-538-4022

International

3455 N. Glebe Road
Arlington, Virginia 22207 USA

May 28, 1998

To Whom It May Concern;

Miss Jourdean Lorah worked at Cloverlawn Academy from September 1997 to June 1998. Her duties were Elementary Art Teacher as well as Academic Teacher for grades three, four and five.

She is an outstanding Art Teacher guiding and inspiring each student to understand the principles of Art and to execute what they see and feel into meaningful sculpture, pictures and other Art forms. She initiated a time line for Art studies that broadened the scope of social values and historical progress to accompany each area of study. Students and parents were very appreciative of her sensitive and dedicated direction.

Miss Lorah's teaching of academics was well prepared and interestingly presented. She was careful to build and strengthen foundations in Math, Reading, Literature, Spelling, Social Studies, Geography and History while encouraging gifted students to go beyond grade expectations. She also served on the playing field and in Study Hall.

Miss Lorah is very talented in Drama Direction and Stage Prop production. She helped in the Principal's office and in meeting guests.




She is reliable, honest and punctual. She would be a credit to your institution.

Sincerely,

Mary Harper Clark

Mary Harper Clark

Principal


  

Thomas R. Agutter
Chairman, American Red Cross

Instructor's Signature
[Signature]

Chapter
National Capital Chapter

Holder's Signature




FH/CPR 

Cert. 653999 (Rev. Feb. 1999)

American
Red Cross
We'll be there.



This recognizes that
Jourdean Lorah
has completed the requirements for
Adult and Child CPR
conducted by
NATIONAL CAPITAL CHAPTER
Date completed **07/16/2001**
The American Red Cross recognizes this certificate
as valid for **1** year(s) from completion date.


  

Thomas R. Agutter
Chairman, American Red Cross

Instructor's Signature
[Signature]

Chapter
National Capital Chapter

Holder's Signature

FH/CPR 

Cert. 653999 (Rev. Feb. 1999)

American
Red Cross
We'll be there.



This recognizes that
Jourdean Lorah
has completed the requirements for
Standard First Aid
conducted by
NATIONAL CAPITAL CHAPTER
Date completed **07/16/2001**
The American Red Cross recognizes this certificate
as valid for **3** year(s) from completion date.

Jacqueline D. Stone
14205-B Morning Dove Lane
Centerville, VA 20121

May 12, 2001

To Whom It May Concern:

My name is Jacqueline D. Stone and I writing this letter as a reference for Jourdean Lorah. First I would like to tell you a little about where I work and met Ms. Lorah. I am a Special Education teacher at Paladin Academy. Paladin is the Special Education Division of Chesterbrook Academy and is certified by the state of Virginia. We primarily work with students that are ADD/HD AND LD. Many of our students are Dyslexic with Reading and/or Spelling difficulties. Frustration, disappointment, and low self-esteem often cause behavior problems. Our goal is to bring these students up to an academic and behavioral level, which will enable them to successfully mainstream into the regular education classroom.

I worked with Ms. Jordean Lorah at Chesterbrook Academy in Chantilly, VA. Ms. Lorah was a fourth grade teacher and taught Science to two of my students. I cannot praise Ms. Lorah enough for her sincere concern and continuous efforts. She managed to be a true advocate while encouraging academic and social success. Ms. Lorah cares greatly about her students while maintaining high expectations. I was frequently in contact with Ms. Lorah to discuss issues concerning our student's needs or current issues. Ms. Lorah always listened, expressed a sincere desire to help, and was always willing to take the extra effort and time to make modifications, tutor after school, and meet with parents. Although Chesterbrook has a 1 to 10 teacher/student ration Ms. Lorah's class was a very difficult class. When I observed the class in the classroom, at lunch, and during recess it was obvious that many of her students had social and academic issues, which strongly suggested a need for, Special Education services. During the time Ms. Lorah taught these students and currently their parents have chosen to not seek testing or Special Education services. The current teacher has frequently expressed that her student's need are so intense that she feels like she has thirty students. I feel that this is important as it demonstrates how hard Ms. Lorah is willing to work for the benefit of her students. As I stated previously, I cannot praise Ms. Lorah enough for her efforts and abilities. I would jump at the opportunity to work with such a dedicated teacher again.

If you have any questions please feel free to contact me at (703) 815-6515. Please leave a message and I will contact you within twenty-four hours.

Sincerely,



Ms. Jacqueline D. Stone

March 28, 2001

To Whom it May Concern:

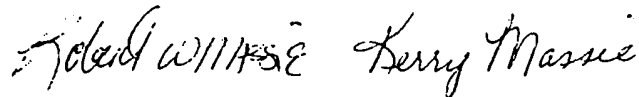
This letter of recommendation for Ms. Jordean Lorah is based upon our very positive experience with her at Chesterbrook Academy. Ms. Lorah taught our son, Robert during the 2000 school year. Robert enjoyed Ms. Lorah's class very much and made great academic gains, largely attributable to her efforts and teaching style. We were disappointed when she left Chesterbrook and feel strongly that her new school will be very lucky to have her.

Robert has learning disabilities and attends Chesterbrook's LD classes. He becomes very anxious when asked to do certain academic tasks and was therefore very nervous about being mainstreamed for Science.

Ms. Lorah was instrumental in making her science class a very successful experience for Robert. She first created an environment where he felt safe and then pushed him in a supportive manner, setting very high academic standards. Robert blossomed with this combination. We were pleased and amazed when Robert met Ms. Lorah's academic expectations. Robert was equally pleased and amazed with himself and now has much more academic self-confidence.

A single teacher really can drastically affect a child's self-concept and motivation, for good or bad. We will remember Ms. Lorah as a teacher who had a profoundly positive influence on our son. If she is able to foster such great academic growth in a special-needs child, I can only imagine what she is able to do with regular education children. We strongly recommend her.

Sincerely,

Handwritten signatures of Robert and Kerry Massie in cursive script.

Robert and Kerry Massie



FAIRFAX-BREWSTER SCHOOL

5860 Glen Forest Drive

Bailey's Crossroads, Virginia 22041

(703) 820-2680

4/24/00

To Whom It May Concern:

This letter will serve as a reference for Miss Jourdean Lorah. Ms. Lorah was employed by the Fairfax Brewster School as a fourth grade teacher during the 1999-2000 school year. She taught all subject areas and also Art Club during our after school program.

Miss Lorah was a dependable, caring, and dedicated teacher. She was very creative and went the extra mile to provide interesting lessons for the children. Jourdean displayed patience and always tried to provide individual attention to all of her students.

Should you need any further information regarding Miss Lorah, please feel free to contact me at the number listed above.

Sincerely,

A handwritten signature in cursive script, which appears to read 'Katherine B. Webster', is written over the printed name.

Katherine B. Webster
Principal



BURGUNDY FARM SUMMER DAY CAMP

3700 BURGUNDY ROAD, ALEXANDRIA, VIRGINIA 22303 (703) 329-9495

August 4, 1998

To whom it may concern:

Jourdean Lorah was employed at the Burgundy Farm Summer Day Camp from June 15 - August 6, 1998. She was the head counselor in the painting and drawing section of our Visual Arts Division. Jourdean was responsible for planning the activities, supervising the campers, and supervising and training a senior counselor. She worked with a group (coed) of 16 campers between the ages of 8-12 years old.

Jourdean is extremely organized and prepared for her job each day. She arrives on time ready to work with a smile and a positive attitude. Her lessons plans are well written and complete. She is always attentive to the children and focuses on the process of their art as well as the product. The children have produced wonderful art projects during camp under Jourdean's tutelage.

Jourdean had a difficult camper this summer and was able to reach out positively to this child and work with him to provide him with a great camp experience. His mother was very grateful to Jourdean for being so patient and positive with him during his most difficult times.

I would recommend Jourdean for a position working with children. She is a dedicated educator. Her style of teaching would work well for children with ADD as it provides both structure and focus.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lynne', written over a horizontal line.

Lynne Farmer
Camp Director

Cloverlawn Academy

703-538-4022

International

3455 N. Glebe Road
Arlington, Virginia 22207 USA

May 28, 1998

To Whom It May Concern;

Miss Jourdean Lorah worked at Cloverlawn Academy from September 1997 to June 1998. Her duties were Elementary Art Teacher as well as Academic Teacher for grades three, four and five.

She is an outstanding Art Teacher guiding and inspiring each student to understand the principles of Art and to execute what they see and feel into meaningful sculpture, pictures and other Art forms. She initiated a time line for Art studies that broadened the scope of social values and historical progress to accompany each area of study. Students and parents were very appreciative of her sensitive and dedicated direction.

Miss Lorah's teaching of academics was well prepared and interestingly presented. She was careful to build and strengthen foundations in Math, Reading, Literature, Spelling, Social Studies, Geography and History while encouraging gifted students to go beyond grade expectations. She also served on the playing field and in Study Hall.

Miss Lorah is very talented in Drama Direction and Stage Prop production. She helped in the Principal's office and in meeting guests.

She is reliable, honest and punctual. She would be a credit to your institution.

Sincerely,

Mary Harper Clark
Mary Harper Clark

Principal

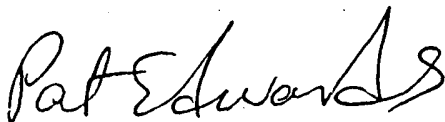
August 27, 1997

To Whom This May Concern:

Please consider this as a reference letter for Jourdean Lorah.

Jourdean came to work at Christian Fellowship School while I was administrator. She worked from February 1, 1997 through the end of the school year as our part time Art Teacher. She was always on time, very well organized and ready for the children. There were many times I had to call on her for extra Art time. She was a good team player. If the teachers went to her requesting a special art project, she would do her best to help. The children looked forward to Art time with Jourdean. If given the opportunity, I would like to have Jourdean back on my staff.

In His Service

A handwritten signature in cursive script that reads "Pat Edwards". The signature is written in dark ink and is positioned above the printed name.

Pat Edwards



Commonwealth of Virginia
State Board for Community Colleges
Northern Virginia Community College

This is to certify that

Jourdean Sarah Lorch

is awarded the

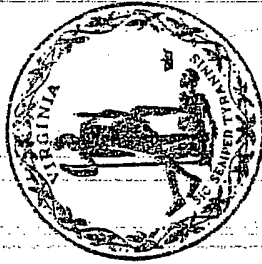
Associate in Science Degree

with a major in

General Studies

together with all of the rights and privileges appertaining thereto.

Given at Annandale, Virginia, this eleventh day of August, Nineteen hundred and ninety-five.



CUM LAUDE

Constance J. Bundy

Chair, State Board for Community Colleges

Claborn J. Richardson

Chair, College Board

Arnold R. Oliver

Chancellor, Virginia Community College System

Richard J. Ernst

College President

OFFICE OF THE REGISTRAR

PAGE 1 OF 3

NAME LORAH, JOURNEAN S.

6901 SUDLEY ROAD
MANASSAS, VA 20109
(703) 257-6620

ID NUMBER:

*** THE SEMESTER SYSTEM REPLACED THE QUARTER SYSTEM IN THE SUMMER OF 1988 ***

| DEPT NBR | TITLE | ATT | COM G | G RT | DEPT NBR | TITLE | ATT | COM G | G RT |
|-----------------------|------------------------|-----------|--------|-------|---------------------|----------------------|-----------|--------|-------|
| ** NVCC CREDITS ** | | | | | | | | | |
| FALL 1983 (QUARTER) | | | | | | | | | |
| ARTS 111 | HIST/APPREC OF ART I | 3.00 | 00 W | 00 | PSYC 110 | PRIN OF APPL PSYC | 3.00 | 3.00 C | 6.00 |
| INDG 104 | TECH/INTERIOR DESIGN | 3.00 | 3.00 A | 12.00 | INDG 206 | TXT/FLOOR/WLL/WIND | 3.00 | 3.00 B | 9.00 |
| INDG 108 | COLOR & SPACE THEORY | 3.00 | 3.00 A | 12.00 | INDG 217 | INDG TRADE SOURCES | 3.00 | 3.00 A | 12.00 |
| GENL 100 | ORIENTATION | 1.00 | 1.00 A | 4.00 | *** DEAN'S LIST *** | | | | |
| ENGL 111 | ENGL COMPOSITION I | 3.00 | 3.00 B | 9.00 | TRM GPA: | 3.00 | TRM NVCC: | 9.00 | 27.00 |
| TRM GPA: | 3.70 | TRM NVCC: | 10.00 | 37.00 | | | | | |
| WINTER 1984 (QUARTER) | | | | | | | | | |
| INDG 105 | DRET TECH/INTER DESG | 3.00 | 3.00 A | 12.00 | INDG 216 | BUS PROCEDUR INDG | 0.00 | 0.00 W | 0.00 |
| INDG 107 | PERSPECTIVE & RENDERNG | 3.00 | 3.00 A | 12.00 | TRM GPA: | 0.00 | TRM NVCC: | 0.00 | 0.00 |
| ENGL 098 | SEMINAR & PROJECT | 3.00 | 00 S | 00 | *** DEAN'S LIST *** | | | | |
| DEVELOP READING | | | | | | | | | |
| ENGL 112 | ENGL COMPOSITION II | 3.00 | 3.00 B | 9.00 | INDG 207 | FURN/LIGHT EQUIP/ACC | 3.00 | 3.00 A | 12.00 |
| *** DEAN'S LIST *** | | | | | | | | | |
| TRM GPA: | 3.66 | TRM NVCC: | 9.00 | 33.00 | ARTS 111 | HIST/APPREC ART I | 3.00 | 3.00 C | 6.00 |
| FALL 1985 (QUARTER) | | | | | | | | | |
| ENGL 119 | CRIT READ/STUDY SKILL | 3.00 | 3.00 C | 6.00 | PHED 100 | FUND PHYS ACTIVITY | 1.00 | 1.00 A | 4.00 |
| PHED 142 | PERFORM COMMINTNG I | 1.00 | 1.00 A | 4.00 | *** DEAN'S LIST *** | | | | |
| SPDR 136 | ORAL COMMUNICATIONS | 3.00 | 3.00 A | 12.00 | TRM GPA: | 3.14 | TRM NVCC: | 7.00 | 22.00 |
| INDG 106 | ISOMETRIC/MODEL CONST | 3.00 | 3.00 C | 6.00 | ARTS 112 | HIST/APPREC ART II | 3.00 | 3.00 C | 6.00 |
| *** DEAN'S LIST *** | | | | | | | | | |
| TRM GPA: | 2.80 | TRM NVCC: | 10.00 | 28.00 | HORT 266 | HOUS/CNSRVTRY PLNT | 3.00 | 3.00 A | 12.00 |
| FALL 1986 (QUARTER) | | | | | | | | | |
| INDG 208 | ADVANCED DRTG TECH | 00 | 00 W | 00 | HORT 266 | LAB FOR HORT266 | 0.00 | 0.00 | 0.00 |
| PSYC 110 | PRIN OF APPL PSYC | 00 | 00 W | 00 | *** DEAN'S LIST *** | | | | |
| INDG 206 | TXT/FLOOR/WLL/WIND | 00 | 00 W | 00 | TRM GPA: | 3.00 | TRM NVCC: | 6.00 | 18.00 |
| *** DEAN'S LIST *** | | | | | | | | | |
| FALL 1987 (QUARTER) | | | | | | | | | |
| INDG 208 | ADVANCED DRTG TECH | 00 | 00 W | 00 | ARTS 113 | HIST/APPRE ART III | 3.00 | 3.00 C | 6.00 |
| PSYC 110 | PRIN OF APPL PSYC | 00 | 00 W | 00 | TRM GPA: | 2.00 | TRM NVCC: | 3.00 | 6.00 |
| INDG 206 | TXT/FLOOR/WLL/WIND | 00 | 00 W | 00 | *** DEAN'S LIST *** | | | | |

NVCC 125-5

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THIS IS NOT AN OFFICIAL DOCUMENT UNLESS IT IS SIGNED & IMPRESSION SEALED

NAME: LORAH, JOURDEAN S

6901 SUDLEY ROAD
MANASSAS, VA 20109
(703) 257-6620

ID NUMBER:

| DEPT NBR | TITLE | ATT | COM G | G.P.T | DEPT NBR | TITLE | ATT | COM G | G.P.T |
|------------------------------|-----------------|-------|---------|-----------------------------|----------------------------|------------------------|---------|-------|--------|
| FALL 1986 (QUARTER) | | | | | | | | | |
| INDG 216-BUS PROCEDURE | INDG | 3.00 | 3.00 | C 6.00 | PED 107 SLIMNASTICS I | SUMMER 1995 (SEMESTER) | 1.00 | 1.00 | A 4.00 |
| TRM GPA: 2.00 | TRM NUCC: | 3.00 | 3.00 | 6.00 | HIS 101 HIST OF WEST CIV I | *** DEAN'S LIST *** | 3.00 | 3.00 | C 6.00 |
| ***** | | | | | | | | | |
| TRM GPA: 2.50 | | | | | | | | | |
| TRM NUCC: 4.00 | | | | | | | | | |
| ***** | | | | | | | | | |
| FALL 1995 (SEMESTER) | | | | | | | | | |
| ***** | | | | | | | | | |
| START OF SEMESTER SYSTEM | | | | | | | | | |
| ***** | | | | | | | | | |
| SUMMER 1988 (SEMESTER) | | | | | | | | | |
| IUS 290 COORDINATED INTRNSHP | 5.00 | 5.00 | B 15.00 | ENG 251 SURV OF WORLD LIT I | 3.00 | 3.00 | B 9.00 | | |
| TRM GPA: 3.00 | TRM NUCC: 5.00 | 5.00 | 15.00 | PED 107 SLIMNASTICS | 1.00 | 1.00 | A 4.00 | | |
| ***** | | | | | | | | | |
| SUMMER 1996 (SEMESTER) | | | | | | | | | |
| ***** | | | | | | | | | |
| SPRING 1996 (SEMESTER) | | | | | | | | | |
| ***** | | | | | | | | | |
| ART 121 DRAWING I | 4.00 | 4.00 | A 16.00 | ENG 252 SURV/WORLD LIT II | 3.00 | 3.00 | B 9.00 | | |
| PSY 201 INTRO TO PSYCH I | 3.00 | 3.00 | C 6.00 | ART 122 DRAWING II | 4.00 | 4.00 | B 12.00 | | |
| SPH 297 COOP EDUCATION | 4.00 | 4.00 | A 16.00 | BIO 101 GENERAL BIOLOGY I | 4.00 | 4.00 | B 12.00 | | |
| TRM GPA: 3.45 | TRM NUCC: 11.00 | 11.00 | 38.00 | BIO 101 LAB FOR BIO 101 | 1.00 | 1.00 | 0.00 | | |
| ***** | | | | | | | | | |
| FALL 1994 (SEMESTER) | | | | | | | | | |
| ***** | | | | | | | | | |
| PLS 120 INTRO TO POLITCL SCI | 3.00 | 3.00 | A 12.00 | MTH 001 DEVELOPMENTAL MATH | 3.00 | 3.00 | 0.00 | | |
| ART 153 CERAMICS I | 4.00 | 4.00 | A 16.00 | TRM GPA: 0.00 | TRM NUCC: 0.00 | 0.00 | 0.00 | | |
| ***** | | | | | | | | | |
| FALL 1996 (SEMESTER) | | | | | | | | | |
| ***** | | | | | | | | | |
| TRM GPA: 4.00 | TRM NUCC: 7.00 | 7.00 | 28.00 | FRE 101 REG FRENCH I | 1.00 | 1.00 | 0.00 | | |
| ***** | | | | | | | | | |
| SPRING 1995 (SEMESTER) | | | | | | | | | |
| ***** | | | | | | | | | |
| ART 298 SEMINAR AND PROJECT | 3.00 | 3.00 | A 12.00 | MTH 003 ALGEBRA I | 4.00 | 4.00 | 0.00 | | |
| ETRUSCAN TO BAROQUE | 3.00 | 3.00 | A 12.00 | PED 107 SLIMNASTICS | 1.00 | 1.00 | A 4.00 | | |
| PLS 211 U.S. GOVERNMENT I | 4.00 | 4.00 | B 12.00 | TRM GPA: 4.00 | TRM NUCC: 1.00 | 1.00 | 4.00 | | |
| ART 241 PAINTING I | 10.00 | 10.00 | 36.00 | ***** | | | | | |
| FALL 1997 (SEMESTER) | | | | | | | | | |
| ***** | | | | | | | | | |
| TRM GPA: 3.60 | TRM NUCC: 10.00 | 10.00 | 36.00 | FRE 101 REG FRENCH I | 1.00 | 1.00 | 0.00 | | |
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| SPRING 1997 (SEMESTER) | | | | | | | | | |
| ***** | | | | | | | | | |
| MTH 003 ALGEBRA I | | | | | | | | | |
| 4.00 | | | | | | | | | |
| 0.00 | | | | | | | | | |
| 0.00 | | | | | | | | | |

NVCC 125-9
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NORTHERN VIRGINIA COMMUNITY COLLEGE
OFFICE OF THE REGISTRAR

6901 SUDLEY ROAD
MANASSAS, VA 20109
(703) 257-6620

ID NUMBER:

NAME: LURAH, JOURDEAN S.

TRM GPA: 0.00 TRM NVCC: 0.00 0.00 0.00

*** CUMULATIVE TOTALS ***

| | ATT | COM | G PT |
|-----------------------------|--------|--------|--------|
| NVCC GPA: 3.18* TOTAL NVCC: | 94.00 | 94.00 | 301.00 |
| QUARTER EQUIVALENT: | 141.00 | 141.00 | 451.50 |

** GRADUATION **
ASSOCIATE IN SCIENCE IN
GENERAL STUDIES

CUM LAUDE

GPA IN MAJURY: 3.43

CUM GPA: 3.26

GRADUATION TERM: SUMMER 1995

REPEATED COURSE * CREDITS REMOVED FROM GPA

END OF TRANSCRIPT

NVCC 125-5

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REGISTRAR

DATE 06/28/01

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Donna M. Landwehr